Annual Address
TO THE
OBSTETRICAL SOCIETY OF LONDON.

Delivered February 2nd, 1881,

BY W. S. PLAYFAIR, M.D., F.R.C.P.,
PRESIDENT OF THE SOCIETY.

GENTLEMEN,—It is again my pleasing duty to congratulate the Society on its continuous prosperity. Since our last annual meeting we have elected 40 new Fellows, while we have lost 37 by death and resignation. The Society now numbers 749 Fellows.

Outside the special work of the Society there are two matters worthy of your notice, since they have to do with the general progress of the department of medical science in which we are specially interested. One of these is the representation of Obstetrics on the General Medical Council. The attention of the profession has more than once been called to the strange fact, that in what is practically the Parliament of our profession, which undoubtedly ought therefore to represent all branches of medical practice equally, there has hitherto not been a single member who practised obstetrics, and who might claim to speak with authority when subjects connected with it were discussed. The result of this glaring defect has been that obstetrical questions have been very inadequately treated; not, I am sure, purposely, but from a very natural ignorance of their merits. When we reflect that obstetrics form a large and important part of the daily work of an immense majority of the medical profession, we are surely justified in maintaining that there should be some members of the Medical Council who know something about the matters they are discussing. During the past year a vacancy occurred in the Medical Council by the death of Dr. Hudson, and since the nomination was vested in the Crown, your Council empowered me to head a deputation to the Lord President of the Council for the purpose of pointing out to him the facts I have alluded to. Unfortunately he was unable to receive us, and I therefore addressed to him a petition on behalf of the Council, a similar course having been adopted by the Obstetrical Society of Dublin. No definite decision has yet been announced, but there is good reason to hope that our memorial will lead to the nomination of an eminent obstetrician, whose name is of itself a sufficient guarantee that the interests of obstetrics will in future be properly represented in the deliberations of the General Medical Council.

Another equally glaring and even less defensible anomaly was the fact that in the examination for the membership of the Royal College of Surgeons obstetrics had no place. As the membership of the College forms the most common of all the qualifications for general practice, that must be admitted to have been not only a defect, but an absurdity. That the College should give its *imprimatur* every year to the qualification to practise of hundreds of men, without the slightest attempt to satisfy itself that they possessed the most elementary knowledge of one of the most anxious and responsible branches of their profession, may fairly be said to have been something even worse than an absurdity. I am happy to be able to announce to you that this reprehensible state of things is about to be put an end to, the Council of the College having decided that on and after the 1st of January, 1882, the candidates for the membership shall be examined in midwifery as well as in surgery and medicine.

The past year has certainly been not less fertile than its predecessors in the amount of work which the Society has accomplished. Not only have the meetings been well attended, but the discussions have often been lively and interesting. The custom which the Society has adopted from the first of reporting at length in our Transactions the discussions which have followed the reading of papers has always seemed to me to be a very valuable one. By this means the varying opinions entertained on any special subject are permanently recorded, and much interesting information may be gathered from them which would otherwise never be obtained and be entirely lost. I am conscious of having myself gained, from time to time, important knowledge from this source.

At our first meeting we had an elaborate statistical record by Dr. Champneys on the site, character, and best mode of relieving the pain in uterine cancer. The deductions made by him from fifty carefully observed cases differ somewhat from the opinions which have been generally entertained. In his statement as many of the patients affected were between thirty and forty as between forty and fifty years of age. This is certainly contrary to general experience, and Dr. Champneys' results were probably to some extent accidental, in consequence of the comparatively small number of cases observed. Thus, for example, out of 108 cases carefully noted by Scanzoni, sixty occurred between forty and fifty years of age, and only thirty-five between thirty and forty; while out of 112 cases recorded by Emmett forty-two occurred between forty and fifty years, thirty only between thirty and forty. It is to be hoped that Dr. Champneys will extend his observations on this disease to other points even more important than that of pain. I know of few topics in connexion with gynæcology in which more promising results are likely to be obtained by advancing knowledge than in that of uterine cancer. To point to one subject in connexion with its etiology only, the statement made by Emmett, and supported by Thomas in his latest edition, that all cases of epithelioma have their origin in laceration of the cervix, requires careful study; since, if this be so, prevention is not altogether beyond our reach. Then, as regards treatment, we are already far in advance of the gynæcologists of only a few years ago in dealing with this most deadly disease; and the very generally entertained opinion of pathologists of the present day as to its essentially local origin, strongly encourages us to study the means at our disposal for eradicating it before it has made such ravages in the affected part as to render all interference useless. This subject has already engaged the attention of the Society in a paper by Dr. Wynn Williams on the local treatment of cancer by bromine. In the removal of epitheliomatous growths of the cervix by the knife and galvano-caustic, after the plan recommended more especially by Marion Sims, I have, from time to time, obtained most encouraging results, and the possibility of dealing with such growths much earlier and more effectually than has hitherto been the case should obtain our earnest attention. Then, again, there is the very important subject of the total extirpation of the uterus in early stages of malignant disease, a question which calls for the most serious study, and which, strangely enough, has not been yet taken up in this country, the cradle though it be of abdominal surgery. Although the originator of the method, Professor Freund of Breslau, has operated fourteen times with five recoveries, and his example has been followed by many of the leading surgeons in Germany, I have only heard of one or two unsuccessful operations in this country, and the subject has not yet been brought under the notice of this or any other Society. Probably the extreme complexity of Freund's operation may account for the small degree of favour it has as yet received in Great Britain. No one can doubt, however, that in these days, in which uterine symptoms receive much earlier attention than was formerly the case, malignant disease of the uterus may very frequently be detected before it has spread to any of the surrounding textures, in which it is strictly limited to the uterus, and in which that organ is still perfectly mobile. Perhaps there is no organ in the body, except possibly the mamma, in which total extirpation promises more successful results, if only a comparatively simple operation could be devised. It is worthy of note that that great obstetrician, Dr. Blundell, fully recognised this fact long before the days of abdominal surgery had commenced, and actually removed the uterus in four cases from the vagina, and I am by no means certain that some modification of the plan he adopted may not yet be found easier than Freund's operation. As a matter of fact, Professor Billroth of Vienna has, during the past year, resorted in several cases, in some successfully, to a modification of Blundell's operation, which he maintains to be far more easy and satisfactory than Freund's. Be this as it may, I trust I may be pardoned for specially directing the attention of those of our Fellows who are experts in abdominal surgery to this topic, in the hope that they may, ere long, bring it under the notice of the Society.

At the April meeting Mr. Lawson Tait read a paper, which

may be here mentioned as it deals with an interesting and hitherto little studied point in abdominal surgery, on "The Axial Rotation of Ovarian Tumours leading to their death." It not only added to our knowledge of the accidents attending ovarian disease, but led to an important discussion, in which many of our prominent ovariotomists took part, which the Fellows doubtless remember. Mr. Tait's ingenious theory as to the cause of this accident being the alternate filling and emptying of the rectum, although not generally admitted to be correct, struck me as very interesting. There can be no doubt that the presence of this viscus and its varying dimensions in the pelvis plays an important part both in obstetrics and gynæcology, which has not been sufficiently studied, although its influence has been recognised by Sir James Simpson and other writers. I can imagine a valuable paper being composed on this subject.

Another of the burning questions of the day in connexion with abdominal surgery occupied the Society on the reading of a paper by Dr. Godson, recording a successful laparotomy performed by Mr. Spencer Wells, and a very important paper by Mr. Knowsley Thornton on "The Removal of Uterine Fibroids by Laparotomy," and certainly no more interesting subjects could come under discussion. We had the advantage of hearing the views of many well qualified to speak on this point. No one can doubt that a great future lies before this operation, and the brilliant results of the antiseptic method, properly and carefully carried out, in abdominal surgery, certainly render the chances of success much greater than they otherwise would be. While I fully admit that the removal of uterine fibroids by hysterectomy, in properly selected cases, is a perfectly legitimate procedure, I cannot think, with some who took part in the debate, either that this operation can be talked of as on a level with ovariotomy, or that it is ever likely to become so; and I am inclined to hold that this is a subject in which the brilliant successes of ovariotomy, and the operative skill resulting from them, are perhaps a little apt to warp our judgment. In diseases such as ovarian tumour, uterine cancer, and the like, which, if left to run their natural course, must, of necessity, ere long prove fatal, no difficulties and no dangers need stand in the way of an attempt at radical cure. In diseases which may embitter life from suffering, but which probably may not kill at all, or only after many long years, the resort to an operation of such gravity should, I venture to submit, stand on an entirely different footing. In some cases it is undoubtedly legitimate, and in one of Mr. Thornton's cases which I saw with him I myself counselled the patient to undergo the operation; but the momentous decision is not to be lightly made, and much study of the natural progress of fibromas is still required before one can feel justified in arriving at very positive conclusions on this point. It is to be remembered, too, that in the cases of fibroid in which life is most often imperilled—those accompanied by profuse and exhausting hæmorrhage,—there is a fair prospect of material benefit, if not of complete cure, from the far less serious and less difficult operation of spaying, the indications for which, like those of laparotomy, are still *sub judice*. I have ventured to make these observations, because I fear there is a tendency to resort somewhat rashly to this grave procedure, which time and greater experience will doubtless modify. I am well aware that in the hands of such experienced and careful operators as Mr. Thornton there is no risk of the kind I have indicated, but I have elsewhere known of more than one case in which laparotomy has been recommended where, in my judgment, it was by no means imperative, and in which the tumour in no way imperilled the patient's life, and even interfered very little with her comfort. A word of caution may, I trust, therefore be considered to be not altogether out of place.

The June and July meetings were pretty fully occupied by a paper by Dr. Graily Hewitt, on Uterine Flexions and by the discussion which followed it; and although it was not a formal debate on a settled subject, such as that which we had last year on the Use of the Forceps, it was so animated and prolonged that it practically assumed the dimensions of one. I have heard it said that we have had somewhat too much of flexions in our Society, and that it was time the subject was dropped. I cannot myself quite endorse that view, for, doubtless in great measure owing to Dr. Hewitt's persistent advocacy of his own theory of uterine disease, the profession and the public have got a rooted hold of the subject; and whenever uterine symptoms exist, not well understood, we are now told that the womb is probably displaced. It is, I think, greatly to be regretted that in gynæcological practice there is this tendency to run into extremes and fix attention too exclusively on one class of disease only, whether it be what is called an ulcerated womb, a displaced organ, or, what is likely to be the gynæcological lesion of the future, if we may believe our American brethren, a lacerated cervix. This being so, it cannot be unimportant that the subject should be thoroughly discussed in all its bearings; and I trust, therefore, that the time we devoted to it may prove to have been well spent. Personally, although I dare say my friend Dr. Hewitt may consider me a somewhat lukewarm follower, I owe it to him to state that I attach much greater importance to flexions than I did some years ago, and this has followed from a study of his views and opinions. Indeed, I am at a loss to understand how anyone who sees much uterine disease can possibly doubt the extraordinary effects produced by flexions, or the equally extraordinary results which follow judicious mechanical treatment. This is, however, a very different thing from admitting Dr. Hewitt's theory that all uterine disease is caused by flexions—a view which not only leads, as I venture to think, to mistaken practice, but causes those who adopt it to overlook many conditions of primary importance. I trust these remarks may not be misunderstood; but it seems to me, above all things, necessary in this special department of practice that we should hold broad views, and not let ourselves be led into a narrow groove, the following of which, by men less able than Dr. Hewitt himself, may lead to much that is strongly to be deprecated. In the address which I delivered at the Obstetric Section of the British Medical Association at Cambridge in August last, I ventured to point out that the reason why gynæcological practice was in some respects so uncertain was the want of accurate pathological knowledge of the condition of the parts affected; a want for which we are not altogether to blame, since it results partly from the comparatively short time that has elapsed since the diseases of women became the subject of special study, and partly from the difficulties that surround the pathological investigation of the diseased organs. Since writing the above I have had the pleasure of reading in the new edition of our Honorary Fellow, Dr. T. Gaillard Thomas's admirable work on the Diseases of Women, some remarks which so strongly corroborate the observations I have made on this point, that I shall venture to quote them. "Nothing," he says, "more decidedly retards the progress of gynæcology, lowers it as a special study in the eyes of its sister departments, and fans the dying flame of a prejudice with which it has been successfully able to contend only during the past half century, than the unsettled state of uterine pathology. In general medicine, in surgery, and in all other special departments, the study of pathology is made the keystone of the arch which supports them; and observers seem willing to agree as to fixed principles concerning it. In gynæcology the whole subject presents the melancholy aspect of uncertainty and dissension. Many of its votaries, instead of taking broad and strong views, become the partisans of some special dogma or theory, which is warmly attacked by others who hold some view equally narrow, incomprehensive, and exclusive." Perhaps this unhappy state of things is not unnatural in a comparatively new study, but the more frankly we recognise the shortcomings of our department, the sooner shall we get rid of them; and we have had some excellent work before us, such as in the account of the "Pathological Anatomy of Erosions of the Cervix Uteri," and on the "Histology of Endometritis," by our honorary secretary, Dr. Galabin, which shows that considerable attention is now being paid to this topic.

There are many other papers of importance besides those I have referred to, on which, did time allow, I might very properly remark, but I have, I fear, already trespassed too long on your patience to justify my referring to them. I must, however, make a passing allusion to Dr. Priestley's interesting paper "On the Induction of Abortion as a Therapeutic Measure," since it is the first attempt, so far as I know, to systematise the causes which may justify the practitioner in resorting to this distasteful procedure, and to lay down laws for his guidance. It is surely time that a subject such as this should be fairly grappled with, and I am sure we must all agree in thinking that Dr. Priestley not only did us a service in bringing it before us, but that he has laid down a series of very judicious rules in regard to it, which, if strictly attended to, may prevent the abuse of this procedure. In other countries the production of criminal

abortion has become, we are told, almost a system, and is practised with unblushing openness, leading, as it may well do, to most disastrous results. Fortunately for us, nothing of the kind exists here, at least not to any appreciable extent, and I trust that Dr. Priestley's paper may, by the safeguards it has laid down, assist in preventing this most pernicious practice ever becoming prevalent amongst us.

The remainder of the address was chiefly devoted to obituary notices of deceased Fellows.

Clinical Lecture
ON THE
DIAGNOSIS & TREATMENT OF RINGWORM.

Delivered at St. Mary's Hospital Medical School,

BY MALCOLM MORRIS, F.R.C.S. EDIN.,
JOINT LECTURER ON DERMATOLOGY.

(Concluded from page 196.)

NEXT I desire to call your attention to the practical part of our subject—namely, the treatment. Let us consider for a moment what are the fundamental points to be held in view to guide us. The disease is an eczema produced by a local cause, which cause it must be our business to remove. In doing this, however, we must not aggravate the eczema, but, on the contrary, endeavour to cure it at the same time. The essence of the treatment is the destruction or removal of the fungus, for until that is done the disease cannot get well.

The question then is, How is this best effected? If the disease is on a non-hairy part of the body, be it acute or chronic, it is quickly cured, and for the following reason:—The fungus grows in the layers of the epidermis, and mechanically or chemically can therefore be either removed or destroyed.

If, for example, strong blistering fluid be applied to a patch of ringworm of the body, a bleb is raised in which fungus can be found; in this way much, and sometimes all, is removed mechanically; or if one of the remedies known as parasiticides be well rubbed into the patch, the fungus is soon reached and destroyed. But I can assure you it is quite another matter if a hairy part such as the scalp is affected. It is true in some recent cases cure may be effected by one application just as if the part were non-hairy. But in these cases the fungus, from some unknown cause, has not been able or has not had time enough to penetrate into the follicle. These are the cases that win for quack remedies the credit of performing marvellous cures. I have no hesitation in saying that it is a really difficult thing to cure a well established ringworm of the scalp, in which abundance of fungus is to be seen around the roots of the extracted hairs. The first question of importance to consider is whether there is any means at our disposal for the mechanical removal of the fungus when it is situated deeply in the hair-follicle. Two methods of epilation are advocated—the one by forceps, and the other by the calotte. This latter is a pitch plaster which, having been placed firmly on the head, and allowed to dry, is then forcibly torn off. Naturally this procedure is very painful, and, besides, it does more than is required, tearing out sound with diseased hairs. In addition, as it has the same disadvantages as simple epilation, which I am about to mention, I do not advise you to adopt it. Some authorities very strongly advocate epilation by forceps, affirming that ringworm of the scalp cannot be cured without it. Others think it useless. For myself I am inclined to take a position midway between these opinions, and say that in early acute patches, where only a limited number of hairs are affected and there is a prospect of extracting the root when the hairs are removed, the operation may be performed with advantage. When, on the other hand, the disease is of old-standing, and the hairs break easily on being touched, I think it is worse than valueless to epilate. Even when the mischief is localised to a small patch and is chronic I do not adopt it. It is easy to understand that if you succeed in extracting the stump, root and all, you must leave much fungus behind in the depths of the follicle, and you have not advanced your cure one iota, since it is only a question of time for the fungus to rise again to the surface. So much, then, for the mechanical removal. I now pass to the chemical mode of destruction. Chemicals such as sulphur, mercury, tar, and iodine act in two ways. First, in consequence of certain properties which they contain that are antagonistic to the growth and also to the very life of vegetable organisms, they are used as and denominated parasiticides; and, secondly, they are employed to excite more or less inflammation in the skin to which they are applied.

I cannot pretend in a brief lecture to be able to describe the numberless remedies that are grouped under the name of parasiticides; and even if I could, no useful purpose would be gained. They all seem to be of about equal value, and it matters little whether you select sulphur, mercury, tar, tar and iodine, or chrysophanic acid, and each in turn has had its supporters and its detractors. But, of course, there is one exception—viz., carbolic acid, a drug that has held its own in spite of all opposition. The value of carbolic acid as an antiseptic and a destroyer of low vegetable organisms is, I am sure, too well known to you through the brilliant researches and results of Professor Lister to need any introduction from me. Here then seems to be our sheet anchor. A powerful well-recognised antiseptic would soon destroy our enemy, and some eminent authorities recommend it as one of the best of remedies. For instance, Dr. Alder Smith, before quoted, uses equal parts of carbolic acid and glycerin, the latter to carry the antiseptic to the bottom of the follicle. I would at once recommend this to you as the remedy to use had I not found in practice that it does not answer, and I have my own theory to account for the indifferent results. I do not think that glycerin does penetrate sufficiently deep into the follicle, and carbolic acid in strong enough proportions to be of use is a severe local irritant, to say nothing of the risk of constitutional poisoning, which occasionally occurs when this agent is persistently applied to a tender skin. We want a *parasiticide*, but we do not want an *irritant*. And this leads me to a second effect, which is another objection, in my mind, to the employment of these drugs. They excite more or less inflammation in the skin. This is what, as far as I can judge, all authorities on ringworm have hitherto insisted upon as the essential means of cure. No one has, however, stated it so boldly and argued it with so much skill as Dr. Alder Smith in the article mentioned. He even advocated going to the length of producing artificial kerion, in order that nature may be copied, and the fungus be destroyed by a severe inflammatory process. This he does by the application of croton oil. He says, "Croton oil is the best irritant for causing this inflammatory condition."

My experience has taught me to differ entirely from Dr. Smith in the desirability of producing any inflammation; on the contrary, I think inflammation should be avoided. We should rather turn our attention to remedies that are *gentle* in their action. I am confident that many old-standing cases of ringworm are the result of *over-treatment*—that is to say, a chronic eczema is produced by the remedies, and kept up for months and years, while the fungus all the time exists undisturbed. Of late, with the view of carrying theory into practice, I have been trying some combinations of drugs, which I will now briefly describe.

Seeking for an antiseptic or parasiticide which would be less irritating than carbolic aid, and without its dangers, I have been led to try thymol and some other similar drugs. Thymol, a camphoraceous body belonging to the phenol series of aromatic compounds, is present in small quantities in oil of thyme, but is obtained chiefly from the seeds of the Ptychotis ajowam. It is a powerful antiseptic, being, according to Bucholz,[1] eight to ten times as efficient as carbolic acid in preventing the development of bacteria. It is not nearly so great an irritant to the skin when applied locally, and there is no risk of constitutional poisoning. Menthol is a somewhat similar substance obtained from Japanese oil of peppermint. That it is not far inferior to thymol as an antiseptic, I think you will see from the following experiments. From its power of relieving neuralgia when placed on the skin, and the numbness its application produces, it might be used with good results instead of thymol when there is much tenderness or irritation.

[1] Archives f. Experimentelle Pathol. und Pharmacol., iv. p. 42, 1875.

I placed normal urine of a healthy man in six test-tubes in an incubator at the average temperature of 100° F. for eight days under the following conditions :—

—	Condition.	Result after eight days.
Tube 1	Urine alone	Full of bacteria
,, 2	Urine with bacteria and thymol (1 in 1000)	Urine clear, no bacteria
,, 3	Urine with bacteria and menthol (1 in 100)	Ditto
,, 4	Urine with bacteria and menthol (1 in 200)	Ditto
,, 5	Urine with bacteria and menthol (1 in 500)	Ditto
,, 6	Urine with bacteria and menthol (1 in 1000)	Slightly turbid; sediment: not alkaline; no smell. On 12th day bacteria.

To two tubes containing a solution of sugar, yeast was added, and to one of them five drops of a 10 per cent. solution of thymol. After four days not a trace of sugar was found in the solution, which was without the thymol, but it was full of the yeast plant, while in the tube to which the thymol had been added the yeast had settled to the bottom, and no loss of sugar by fermentation had occurred. The next requirement in order to place our theory on a scientific basis is to find some vehicle which will carry the antiseptic to the part of the hair-follicle where the fungus grows, which is far beyond the reach of ordinary remedies. That chloroform is rapidly absorbed by the cutaneous surface is well known, and an experiment by Parissot confirms the view. He found that dilatation of the pupil began five minutes after rubbing into the skin of the temple a solution of half a milligramme of atropin in twenty grammes of chloroform, while an alcoholic solution of the same strength took thirty minutes to produce any effect.[2] The question presents itself, How is the chloroform absorbed? I reply that the larger proportion is in all probability taken up by the hair-follicles and sebaceous glands. With a view to obtain some trustworthy data on this subject I have tried, imperfectly I know, to test to some extent how far a given remedy could be traced down the follicles. Accordingly I had one part of a dog's back rubbed every day for twenty-five days with the following solution :—Asphalt, half a drachm; chloroform, two drachms; olive oil, six drachms; and another part for four days with alcannin in the place of the asphalt. At the end of the time the dog was killed, and the skin that had been rubbed was removed, frozen, and cut into sections, which are now under the microscopes on the table. You will see for yourselves how far the dyes penetrated the follicles—i.e., nearly to the root of the hair,—certainly over three-fourths of the entire length of them, in the case of the asphalt. Now this I attribute to the chloroform used in the liniment. It is a solution similar to these, only with thymol or menthol, as the case may be, in the place of the colouring matter, that I have been using for the treatment of ringworm. A strength the same as above I have found to answer well in the majority of cases. The only exceptions are very young children in whom the skin is tender from previous severe treatment, or when the disease assumes one of the pustular forms. Under these conditions I would for a time lessen the quantity of both the chloroform and the thymol, or else substitute menthol for the latter. The oil is added to arrest the evaporation of the chloroform, and to prevent it from acting as an irritant. This solution I have found of great value, and I have used it both in recent and in chronic cases with success. If employed carefully in the way about to be mentioned, it quickly cleans the scalp, thereby curing the eczema, while at the same time it destroys the fungus. It encourages the growth of new hair by stimulating the cells of the papilla; and it dissolves the fatty matter that fills up the neck of the follicle. The new hair, as it rapidly shoots up, pushes out the old diseased stumps, and raises the fungus towards the surface. In this way the disease is more quickly cured than by any other method I have seen or tried, and it has the additional advantage of not destroying the hair sacs, and consequently does not leave the unsightly bald patches which undoubtedly result from the heroic treatment. Already I have had the satisfaction of seeing several cases of fifteen or eighteen months', or even of two years' duration yield to the mild treatment in six to eight weeks, and I have not considered the cure proved till several weeks of perfect freedom from the disease have been allowed to elapse after the discontinuance of the remedy.

In conclusion, I would add a word or two of instruction as to its use. First, let the part be well washed with soap and water if it is not tender. After it is dried rub the oil in gently, taking care that the friction be not too severe or too long continued, for fear of producing a mechanical eczema. After the treatment is commenced neither soap nor water should be again used. If there is the slightest tenderness let the oil be simply painted on and not rubbed. If there are scabs present remove them gently with a comb after soaking them with the oil, which must be applied to the surface beneath. It is in the chronic squamous cases that the rubbing is well borne, but it should nevertheless be done gently and for several minutes two or three times a day, in order that the part may become thoroughly soaked with the oil. If you see at any time the slightest irritation being produced, stop the rubbing, and order the application to be merely smeared on; if it still causes irritation add for a while one-third more oil, but you will find the liniment will soon be tolerated at the proper strength. No cap should be worn in the house during the treatment, as it is essential that the head be kept cool.

[2] Comptes Rendus, lvii., pp. 327, 373.

FURTHER RESEARCHES ON

ETHYLATE OF SODIUM IN THE TREATMENT OF NÆVUS AND OTHER FORMS OF DISEASE,

WITH OBSERVATIONS ON ETHYLATE OF POTASSIUM.

BY BENJAMIN WARD RICHARDSON, M.D., F.R.S.

(Concluded from p. 170.)

TAKING all the evidence that is before me, Dr. Brunton's experience, my own, and the facts I have been able to collect from other practitioners, I am of opinion that with patient care in its employment, sodium ethylate may be accepted as a most effective remedy for the ordinary form of nævus.

In two examples in which, as I have been informed, there was failure from it, the causes of failure were all sufficient. In one of these instances water-dressing was used to remove the scale or crust; in the other the preparation employed was made with alcohol containing water, whereby a simple caustic soda became the agent that was brought into application.

To secure success it is necessary to have a pure ethylate solution; to make the application without any poultice or water dressing; to allow the crust to loosen of itself before removing it; and, lastly, to be patient in treatment, so as to keep up the effect until the growth is entirely destroyed.

Use of the Ethylate for Removal of Tattoo Marks and so-called Mother's Marks.—Passing from the consideration of nævus I would ask permission to dwell for a few minutes on the question of the use of sodium ethylate in other forms of disease. As a minor point the ethylate is very rapid and effectual in removing tattoo marks, and it admits of being employed with promise of good results in the removal of those diffused nævi called blood-stains, or mother's marks, when they are not extremely extensive. In a future paper I hope to bring this last-named subject of treatment before the Society in a special form based on a more perfected experience than I have as yet obtained. Meantime I would offer as a practical memorandum that in treating the diffuse nævus or mark it is good practice to commence the application of the ethylate at the extreme margin of the stain, and to produce the encrustation in a line not exceeding the tenth of an inch in diameter.

The Ethylate in the Treatment of Nasal Polypus.—I have used the ethylate three times with remarkable success in the treatment of nasal polypus. In two of these cases the polypus was small, easily discernible, and readily within reach. The ethylate was applied to the pedicle of the polypus from a probe point of cotton-wool held in the blades of a long pointed curved forceps, and in both instances the growth was destroyed during the application, and was removed by after blowing of the nose, the one application

sufficing to effect a cure. In another case the result was not so immediate, the patient, the son of one of our professional brethren, and a university student, had suffered from polypus for two years. The polypus had twice been removed by surgical operation, but had recurred. When the young gentleman was brought to me there was a large polypus far back filling up the nasal cavity, so that the base of the growth could not be seen. I made, therefore, a firm pellet of cotton-wool on the curved forceps, saturated the pellet with the solution of the ethylate, and then plunged the pellet into the polypoid growth and retained it there for three minutes. The removal of the pellet was followed by violent sneezing, and a copious discharge of thick mucus and some blood; but when the discharge had ceased the nasal passage was found to be quite clear, and a curved director could be passed into the posterior nares without the least difficulty. The proceeding was followed by some pain and irritation of the mucous surface, which lasted for three days, but did not oblige the patient to keep to the house. On his return to me four days later the passage was so clear that I thought the cure was complete. This view was not confirmed, for a few weeks later the obstruction recurred, and the patient was once more brought to me, by my friend, with a polypus as large as before, and completely obstructing the passage. The same plan of treatment was repeated and with the same result of completely destroying, for the time, the polypoid mass. The irritation again continued for two or three days, after which I was enabled, by the speculum, to see the point from which the growth took its attachment. I now directed, with the curved forceps, a pellet saturated with the ethylate on to that spot, and repeated the application every five or six days. Some ulceration followed the last application, but the ulcer healed kindly and left the nasal passage quite clear. The latest report I received, eleven months later, was that the recovery remained complete.

On the whole, I think this case promises a very useful application of the ethylate in a new direction. On theoretical grounds cases of polypus are precisely those in which the ethylate should rapidly produce a destructive action, and in practice, as I have so far seen, the effect is in perfect confirmation of the theory. If further experience should be of the same character, a very troublesome affection will have become amenable to one of the simplest possible forms of curative treatment. Aural polypus will probably in like manner be successfully treated by the same method, and it may be that some varieties even of uterine polypus will, in skilful hands, be removed by the application.

The Ethylate in the Treatment of Ozæna.—The employment of sodium ethylate in the treatment of nasal polypus led me to think of using it in ozæna. Here I have had an experience in a long-standing but not extremely severe example of the disease. In this instance, in a young girl, the affection was confined to one nostril, from which there was constant fetid discharge, with evidence of ulceration of the mucous membrane at the distance of about an inch within the cavity. In this case I diluted the ethylate with absolute alcohol to one-half, and then introduced a pellet of cotton-wool, by means of the curved forceps, into the canal, up to the ulcerated surface. Withdrawing the forceps, I left the wool in the cavity for five minutes, and then withdrew it. The application was attended with severe pain, and was followed by an irritation which lasted for three or four days; but the secretion was so much arrested and the offensive odour so greatly relieved that the patient willingly permitted a repetition of the treatment for three successive times. The discharge thereupon entirely ceased, and the odour has not again been noticeable after a period of several months, so that I hope a cure has been effected.

In these cases, again, the theory of the action of the ethylate as a means of cure is quite in accord with the promise suggested by theory, and that, too, though the bony structure should be the seat of ulceration. For I find that the action of the ethylate on soft bone and cartilage is to destroy texture by the decomposition of water, and to fix or pectise the gelatinous matter. The ethylate may thus again be extended in application on this basis of operation. It may, I think, be often successfully used for the destruction of caries or necrosed bone, attended with purulent discharge.

The Ethylate in the Treatment of Lupus.—When I first began to study the action of the ethylates I entertained some hope that they would prove useful in the treatment of malignant growths, and of those pseudo-malignant ulcerations to which we give the name of lupus. So far I have neither been able to confirm nor give up these anticipations. For the destruction of fungoid growths of limited size in malignant ulceration sodium ethylate answers well, but I should be saying too much at present if I assigned for it anything more than a caustic action, rapid and effective, and antiseptic. In treatment of lupus non exedens the results, with some few fortunate exceptions, have been negative. My late esteemed and valued friend, Mr. Robert Ceely of Aylesbury, consulted me last year about the case of a lady who for many years had suffered from lupus non exedens of the face. The ulceration extended over the greater portion of the surface of one cheek, and had shown no tendency to heal until Mr. Ceely commenced the application of the ethylate of sodium. I saw the patient three times, and recommended that the ulcerated surface should first be lightly covered with cotton-wool, and that the cotton-wool should be then saturated with the solution. The application was made every fourth or fifth day; a scale or crust formed, and at the last visit of the patient to me a most decided improvement had occurred. The ulcerated surface had greatly contracted, and the part that had not contracted was covered with a dry scale. In his last letter to me Mr. Ceely reported that the improvement continued, and that he expected there would be complete healing. I am sorry that I have not heard of the further progress of this case.

I have had under my care for nearly eight months a case of lupus exedens, affecting the face on the left side and involving the left ear, in which the treatment with the ethylate has yielded the following results. When this gentleman first came under my care there was a large fungoid vascular growth beneath the ear, which seemed to be increasing rapidly in size; while from the surrounding ulcerated surface there was a free acrid discharge, which was exceedingly fetid—so fetid, in fact, that the odour was detectable at a distance from the sufferer. There had also been several severe attacks of hæmorrhage from the vascular growth. In this case I treated the vascular growth freely with the ethylate, using it diluted to one-half with absolute alcohol. Some hæmorrhage followed, but was arrested at once by the use of the styptic spray which I brought into practice in 1866, and which consists of a mixture of absolute alcohol and pure ethylic ether, in equal parts, saturated with tannin. A firm crust was produced by the ethylate, and the growth was entirely removed. Since then the ulcerated surface has been treated with the alcoholic tannin spray, and whenever there has been a reappearance of vascular growth the ethylate has been again successfully resorted to. At one time, after the use of the ethylate, so good a cicatrisation commenced, that I ventured to treat all the ulcerated surface with the ethylate by using a diluted solution of it in alcohol, one part in ten, in the form of spray. Under this, used every third day for five weeks, there seemed to be a general indication of healing. A thin dry crust formed over the surface, and there was general contraction of the ulcer. Unfortunately these good results were not maintained. Some affection of the general health of the patient during the damp cold weather led to enervation and general debility, during which the ulcerative process became active again, and the parts which had contracted and healed recommenced to discharge. Recently, without alteration in the plan of treatment, there has been once more an improvement; and, on the whole, in the eight months there has at least been an arrest of the disease. That there is death of nervous supply further back I have no doubt, inasmuch as there is trifacial failure; and that in the end the ulcerative mischief will extend I have every reason to fear. I do not therefore suppose that the mere local treatment is more than palliative. At the same time, as a local measure, it is by far the best of any I have ever seen. It prevents decomposition; it destroys vascular growth; it restrains purulent discharge. It has not caused a basic curative effect, but it has limited local extension of disease, has made existence much more endurable, and has, I believe, prolonged existence considerably.

Subcutaneous Injection of the Ethylate.—The question whether the solution of sodium or potassium ethylates may be used by subcutaneous injection for the destruction of abnormal growths deserves to be tested. In my earliest communication I suggested their employment for this purpose, and Dr. Sedgwick has reminded me that in a case in which he and I were once in attendance we did, as a last resource, use the ethylate of sodium in the manner referred to. This case was one of extreme hypertrophy of the thyroid gland. The patient was a lady of about fifty-six years of age. She had

suffered from enlargement of the gland for many years, and various plans had been adopted for removal of the gland or for reduction of its size. A short time before she came under our care the tumour had been pierced by the needle, and the electric cautery had been brought into requisition several times. At the last of these attempts the needle had broken, and from three to four inches of it remained permanently in the gland. This was sometimes a cause of pain, but was quite supportable, and was probably no more than an occasional inconvenience. The serious part of the case was that the growth continued, that the skin was distended to the extremest degree, that the trachea was pushed far on one side, that the venous channels through the neck were obstructed, and that the œsophagus was so constricted from the pressure that nothing but fluid food could be swallowed, and even that with difficulty.

In this condition we endeavoured to remove the gland section by section by the subcutaneous destruction of it from injection of the ethylate. Selecting the part where pressure from within was most declared we injected thirty minims of the solution into the structure of the gland at the distance of about an inch from the surface. The operation was followed by some slight local heat and throbbing, which passed away in a few hours, after which there was a very distinct reduction of size and tension of the gland at the part injected. In a few days we injected again with similar good results, and after six injections the gland was reduced to at least a third of its size, with the greatest relief to the breathing and complete relief to the œsophagus. We were congratulating ourselves on our success when an accidental check succeeded. After coming to my house to have a further subcutaneous injection the patient, who insisted on walking home, was immersed suddenly in a dense London fog with rain. Losing her way for a time, she reached her home at last wet through, extremely exhausted and suffering from cold. She was in this way subjected to an acute attack of bronchitis, with severe cough and expectoration, in the course of which the thyroid became congested and inflamed. Abscess formed in the gland, followed by free discharge of pus. In spite of all she, nevertheless, began to recover and to get up and attend for some weeks to a part of her daily duties, but with an impression fixed on her mind that she should die, and a constant expression that she wished to die. One evening, after making preparation for Christmas festivities, she summoned all the servants under her control, gave some of them presents, expressed regret that she had chided one of them, and then bade them all good-by and dismissed them from her room. A little later a loud ringing brought them back, to find her on the floor with the wound in the neck open and bleeding freely. Dr. Sedgwick was quickly in attendance, and found that she was dead from the loss of blood from one of the large veins involved in the gland. Whether bleeding from the wound alarmed her and led her to remove the dressings, or whether she ruptured the vein herself by interfering with the dressings, we could not tell, but the accidental mode of termination does not to my mind affect the treatment at all in regard to principle; and should another instance of enlarged thyroid come before me in which death from pressure on the œsophagus is inevitable, I shall not for a moment hesitate to suggest the same mode of destroying the gland in sections by the subcutaneous injection of the ethylate.

There are some minor uses for the ethylate, which are not without their practical value. I have used it successfully for removing warts, for destroying a small melanotic growth on the face, for a ringworm which had long withstood other forms of local treatment, for the removal of a small loose hæmorrhoid, and for the destruction of the vascular growth dependent on an ingrowing nail. In fact, the ethylate becomes after a little practice with it like a kind of supplementary knife, and in many cases takes the place of the knife without suggesting the fears that are so often connected with that useful but dreaded instrument.

One or two words as to the mode of application. In my first paper I recommended the exclusive use of a glass rod for applying the solution. As I have become more familiar with the treatment I have more commonly used a brush of camel's hair, as more readily applicable. The only objection to the brush is that one using of it destroys it—a trifling objection. Occasionally, when I wish to put on the solution in fine points or lines, I employ a new quill pen, taking the solution up with it in the same way as ink would be taken if the pen were about to be applied for its usual purpose. In this manner the fluid can be applied drop by drop or in line to the part, and its action can be confined precisely to the spot required.

When the solution is used in the form of spray, it should be diluted with absolute alcohol, sp. gr. 795, and sprayed through a Seigle's disperser. The operator in using the spray must be careful not to inhale it himself. In spraying it one day, a little of the fine spray was reflected back into my face, and I inhaled a breath of it, the effect of which was to cause a soreness and irritation of the throat, which lasted some hours. This, however, need not cause alarm. A weak solution can be actually sprayed into the throat, and in cases of malignant sore-throat might prove of great service.

To relieve the pain that is connected with the application of the ethylate, an alcoholic solution of opium may be added with good effect, but for this purpose chloroform must never be used. Chloroform mixed with the ethylate may explode with some violence. All the alcohols treated with sodium or potassium yield a sodium or potassium substitute, and I have made an amylate, a butyrate, and other similar compounds. Whether they will prove useful in medicine remains to be seen. Again, whether potassium ethylate has any advantages over sodium ethylate remains also to be seen. I may relate of potassium ethylate that it is much keener in its action than its sodium ally. It is nearer to the knife, and might almost rival the knife when used in its concentrated form. I have no doubt it will one day come into extensive application, for the whole study of these pectising alcoholic caustics is but in its infancy. For my part, I am repaid already in having been the pioneer in the study, and whatever successes my more learned successors may achieve from it, I most heartily offer them welcome and good-will.

EPITOME OF A PAPER ON THE NATURE AND RELATIONS OF THE DISEASES OF THE EAR.

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(Concluded from p. 208.)

THE symptoms common to all acute inflammations are familiarly known by the description of Celsus, "*rubor et tumor, cum calore et dolore.*" The symptoms which, in addition to these, more specially characterise the disease under consideration, are impairment of hearing, giddiness, a sense of fulness in the head, and increase of pain on mastication, swallowing, moving the head, and blowing the nose. If the ear be inspected in the earliest stage of the attack by means of a speculum and a mirror of 5" or 6" focal distance, signs of vascular injection will be seen in the part first affected, which will be the dermoid layer of the membrana tympani, if the disease has originated in the external meatus, and the lining membrane of the tympanum and the mucous layer of the membrana tympani if it has taken its origin from the usual source, the pharynx. Should the attack be a very slight one or be appropriately treated at first, resolution occurs, and in a short time the illness terminates without leaving any evil results behind. But if left to itself in the milder cases effusion of mucus occurs, and in the more severe suppuration. These processes usually occur within forty-eight hours of inception, a fact which gives us a very significant hint for early and rational treatment. During this stage there is usually bulging of the drum-head, observable on inspection, and all the local and general symptoms become much more severe. It is even yet possible for the patient to be relieved without surgical aid by the escape of the effusion down the Eustachian tube. But as this channel is usually swollen and blocked up, such a happy result is exceedingly rare. The more usual course for the effusion to follow is the one we would naturally expect—namely, the direction of the point of least resistance—the membrana tympani, and the patient is fortunate indeed if rupture occur before serious disorganisation of the organ takes place. But his troubles are by no means at an end if his medical adviser is sceptical of the propriety of meddling with such a "useful safety valve" as a "trifling

discharge from the ear." He has before him the possibilities of a life-long disgusting suppuration and irremediable deafness. If he be a child who has not learned, or has only recently acquired articulate speech, deaf-mutism is almost a certainty. And in any case he may at any moment fall a victim to meningitis, cerebral abscess, or pyæmia.

To say that the only foundation for the rational and successful treatment of this disease is to be found in the general principles which guide us in the treatment of inflammation is, I am aware, to utter a most obvious truism. But it is, nevertheless, a truism which has too largely shared the neglect proverbially attached to things familiar.

In the first place, we must, as far as possible, remove the cause, and prevent the operation of other possible causes. These objects we attain by attending to the external meatus and the pharynx, and in children by lancing swollen gums.

Secondly, we must procure absolute rest for the organ, and, as far as possible, physiological repose for the body generally. With this aim we place the patient in bed, in a well-ventilated and otherwise comfortable apartment; procure for him the greatest possible quietness by diminishing talking and noises to a minimum, and by placing a pledget of absorbent cotton wadding in the ear; and permit no food requiring mastication, for mastication obviously interferes with rest of the organ.

Thirdly, we must moderate the local action by general and local measures. To accomplish this end we must, in the first place, attend to the state of the excretory organs. A judicious selection of vascular sedatives and narcotics—such as aconite, tartar emetic, opium, and chloral—must be made, according to the requirements of each case. And, above all, there should be no hesitation in adopting the aid of our trusty ally, bloodletting by means of leeches. As the situation selected for this measure is a matter of prime importance, I shall ask your attention for a moment to the vascular supply of the organ. The posterior auricular, the anterior auricular branches of the temporal, and the deep auricular branch of the internal maxillary are the arteries of the external meatus. The last-named vessel is the source of the principal arterial supply of the membrana tympani. The stylo-mastoid branch of the posterior auricular reaches the tympanum through the aqueduct of Fallopius, and the tympanic branch of the internal maxillary enters by the fissure of Glasser. These are the two chief arteries of the tympanum.

From these facts it would appear that leeches should be applied in front of and below the external meatus, and certainly not over the mastoid, unless there is evidence that the mastoid cells are also implicated, in which case the parts both before and behind the meatus should be bled. In a child two or three, and in the adult not less than six, leeches should be applied. The meatus should be carefully plugged with wadding before the operation, to prevent the leeches and blood entering it. After the operation the bites should be carefully covered with plaster, to prevent their inoculation with pus, and fomentations by sponges wrung out of hot water, or, what is better, by warm water syringing of the meatus, should be sedulously adopted. "Never poultice an eye or an ear" is an injunction that cannot be too often repeated, for in neither organ can we afford to run the risk of suppuration and its consequences.

Lastly, if the products of inflammation have accumulated, it becomes our business to procure for them a safe and speedy exit by means of the knife. For the performance of this operation we require good light, a wide speculum, a concave mirror of 5" or 6" focal distance, attached by a band to the forehead, and a delicate, sharp-pointed knife. Many instruments have been devised for making the incision. But the one which seems to me to fulfil all the requirements in the highest degree is the myringotome by Dr. Woakes. This beautiful instrument has the supreme merit of perfect safety. It is a sharp-pointed, double-bladed knife, concealed in a cannula, worked by pressure on a spring, and fixed in an angularly-placed handle. In accordance with a well-known principle of surgery, a free incision should be made at the bulging point, if one can be clearly detected; and if not, in the lower segment of the membrane, behind or in front of the handle of the malleus. A good deal can be said for both positions. After the fluid has been evacuated, the inflamed surface should be washed every few hours by copious injections of water about the temperature of the blood, with the double view of diminishing inflammatory action and removing its products. The best way to do this is by means of a brass syringe, fitted with a somewhat conical-shaped nozzle to fit into the meatus, and ensure the thorough washing of the meatus, tympanic cavity, and Eustachian tube. To use a small glass or pewter syringe is merely to trifle with a serious inflammation and the fate of an important organ. A well-made Higginson's or india-rubber ball syringe fitted with a proper nozzle is, however, a good substitute for the brass syringe. In the intervals of syringing the patient should lie on the affected side to permit the free escape of discharge; and a piece of absorbent wadding should be loosely placed in the meatus to soak up discharge and protect the ear from the injurious effects of cold and noise. From the time of the natural or artificial opening of the abscess, the Eustachian tube should be kept pervious—in the adult by the daily gentle use of Politzer's inflator, and in the child by the simple expedient of blowing air up the closed nostril through a piece of india-rubber tubing. In a few days, when inflammation has somewhat abated, weak, warm, astringent solutions should be injected twice daily after cleansing with warm water. Solutions of sulphate of zinc or copper and the sulpho-carbolate of zinc are those which I have found most satisfactory. Vegetable infusions, on account of their liability to decomposition, should on no account be used. It is hardly necessary to say that after every wet application to the ear the meatus should be carefully dried by turning the head on its side, so as to allow the fluid to trickle out, and by using a piece of soft rag.

The line of treatment which I have rapidly sketched may at first sight appear elaborate and difficult of execution. But a moment's reflection will convince you that it is neither more nor less than the common-sense application of well-known principles of surgery; and speaking from my own experience I have invariably found both patients and their friends willing co-operators when the objects of the treatment and the probable consequences of neglect have been fairly placed before them.

If I am asked what measure of success is likely to attend the adoption of this plan, I can only answer, from my own experience and that of numerous others, that the results are quite as good as could be expected from the rational treatment of an acute abscess in such a situation. Quite recently I have had under my care two cases of acute suppuration of both middle ears in adults. In both cases perforation had occurred before I was consulted; and in both entire cessation of inflammatory action, perfect healing of the membranæ tympani, and complete restoration of hearing power were obtained within six weeks of the commencement of treatment.

If you admit, as I think everybody must, the truth of Sir William Wilde's observation, that "as long as discharge from the ear is present we can never know how, when, or where it may terminate, or to what it may lead," if you think of the immediate and future dangers of tympanic suppuration, if you concede its evident disqualification for life assurance, and if you reflect on the restraining power of imperfect hearing in the keen and eager struggle for existence, rank, and wealth,—you will not fail to recognise the importance of accurate diagnosis and rational treatment, and you will find in the study of the diseases of the tympanum a field for the exercise of your best skill, care, and talents, a source of gratification to yourselves, and of inestimable benefit to your patients.

Dundee.

THE annual meeting of the governors of the Birkenhead Borough Hospital was held at the Music Hall, on Jan. 31st, the Mayor (Wm. Laird, Esq.) presiding. The report of the committee of management stated that the total number of patients relieved during the year 1880 was 7724, of whom 535 were in-patients. The total expenditure amounted to £2138 11*s.* 3*d.*, being an increase of £130 1*s.* 9*d.* on the previous year. The total ordinary receipts for the year were £2331 9*s.* 6*d.*, an increase of £419 2*s.* 4*d.* on the previous year. The total receipts exceeded the disbursements by £192 18*s.* 3*d.* The committee most gratefully acknowledge the handsome donation of £250 received from J. T. Hickells, Esq., of Noctorum; and a legacy of £100 (less duty) from the late J. Crowther, Esq., of Oxton. Owing to the yearly increasing number of in-patients the committee considered that the opening of the fourth ward had become a matter of pressing necessity. This, however, could not be done without adding a wing to the main building and making some other slight alterations, at a probable cost of not less than £600.

THREE CASES OF KNEE-JOINT ABSCESS IN CHILDREN.[1]

BY EDMUND OWEN, F.R.C.S.,
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THE three patients whom I have the honour of showing this evening are not selected; they happen to have been lately under treatment together, and are, indeed, the only instances in which I have recently had occasion to open the knee-joint for suppurative arthritis. Short as the series is, these cases offer, I think, an interesting subject for discussion and criticism; and especially so as you have just had the opportunity of examining the present condition of the joint in each instance. The eldest child only was treated by me as an in-patient; the others were brought as out-patients to the Children's Hospital.

Briefly, the line of treatment has consisted in free incisions into the joint and subsequent free drainage; in absolute and prolonged rest of the limb with compression of the articulation; in constitutional and dietetic support, and (need I say it?) in local cleanliness. But having remarked that I have employed cleanliness in the treatment of these diseased and opened joints, the conclusion that I adopted the high ritual of spray and the vestments of gauze would be both hasty and inconsequent. I wish it, however, to be thoroughly understood that I did my best to keep the articulations clean, both on the exterior and in the interior. I would like it to be understood also that by no means do I bear the spray and gauze ill-will; I even look upon them as a kind of safety-lamp which may well be carried by those who work in an atmosphere of surgical fire-damp, as well as by those who, trespassing in the seductive regions of speculative surgery, may on occasion require evidence of their having started on their excursion without neglect of approved precaution To the great champion of cleanliness in our art I personally owe a boundless debt of gratitude, but to certain of his enthusiastic disciples who, to speak within bounds, seem to consider those who do not adopt their creed as wilfully obstinate or morally oblique, I will delicately put this question, Could any other method of treatment have obtained better results than those which we have now before us?

Our medical journals are continually called upon to publish reports of cases, trifling and serious, which have recovered after "antiseptic treatment," that this short series out of the groove cannot now but be of interest. Possibly even they may help to show that *post* and *propter* when employed in connexion with a certain surgical practice need not be confused even when half-obscured in a cloud of carbolised vapour.

The first case is that of a girl of about four years of age. A little more than two years ago she was brought into the out-patient room in Great Ormond-street in a most pitiable condition. The left knee was red and enlarged from a collection of fluid in the interior. So painful had the joint been that appetite and sleep had left her. Moreover, she had had several attacks of convulsions—the rigors of childhood. Ten months previously, the mother said, the child had fallen off her chair, and directly afterwards the knee had begun to swell; but though the swelling had steadily increased, the child had been able to limp about until three weeks ago. The whole limb was red and swollen. She was at once put to bed, and the Registrar (Dr. Abercrombie) going round next morning noted that the leg and thigh were the seat of erysipelas, and that there were several blebs on the leg. The glands in the groin were enlarged and tender. Though there was a small sinus leading towards, or into the joint, from the inner side, from which a thin fluid was oozing, the patella was floated from off the femoral condyles. The temperature was just under 101° Fahr. On the third day after her admission—that was when I next saw her—chloroform was administered, and a free incision was made on each side of the knee, much thin pus escaping. The finger passed into the interior of the joint detected much thickened and pulpy synovial membrane, but no diseased bone. The joint having been thoroughly washed out with a weak solution of chloride of zinc a drainage-tube was passed through it, and the limb was put up again on a slightly bent tin splint. Nevertheless, the erysipelas continued to advance, and blebs now had made their appearance on the thigh, and the temperature went up two or three degrees. The child was taking quinine, iron, and wine; in less than a week the temperature began to track the chart along the normal line. For convenience in the washings, which were daily performed by the house-surgeon, Mr. Kempe, the back splint was changed for extension by the stirrup, weight, and pulley. A month after her admission the joint was strapped, the drainage-tube still lying in the outer wound; and at the end of another like period she was taken home in excellent condition, the wound, though steadily closing, still weeping a little. But at home she did not prosper, and in three weeks she was again in hospital for ten days. Since that time she has steadily improved, the limb being fixed upon a back tin splint. It is no exaggeration to say that in function and movement the damaged knee is now as good as the other. The child runs about on it all the week, and kneels upon it on Sundays. It is absolutely free of pain.

The second case is that of a little boy. The mother says that the disease was started by a fall out of bed upon the knees, after which the right joint began to swell. At the beginning of last year he was sent to me by Dr. Goullet, of St. John's-wood, for an attack of subacute synovitis. The child was then under a year and a half old. We fixed the limb on a tin splint, and Dr. Goullet looked after the child until April, when, in spite of the treatment adopted, the inflammation had run on to suppuration. In this case only one incision was made into the joint, and that on the inner side. The solution used for washing was weak tincture of iodine. Three days after that operation it was noted that the child had lost its thirst and that its nights were quiet. Previously it had been in the habit of starting in its sleep and awaking with a scream. Seven months later it was remarked at the side of the prescription-paper, under the date of Nov. 17th:—"Has been wearing the splint up to to-day. The wound has healed, but there is a good deal of eczema around its site. There is good flexion and power of movement in the joint, but there is still some fulness about the ligament of the patella from the old thickening of the synovial membrane. The health is excellent." There is no tenderness at the knee, which can be bent, without disturbing the child, to less than a right angle. Though the skin over the old wound is not sound-looking it is serviceable enough, and the child cruises about the room without inconvenience.

The last case is that of a baby of four months, who was brought as an out-patient from Hendon at the end of last June. Against his name in the case-book I then wrote: "Subacute synovitis of the left knee-joint," and fixed the limb on a bent splint with strapping and soft bandage. But by the tenth day it was evident that a purulent collection occupied the synovial pouch. Excessive pain in the part had driven away sleep, and the child had attacks of convulsions. The knee was red, hot, swollen, and very tender. By means of incisions, and injections of weak tincture of iodine and water, much thin sero-purulent fluid and flakes of thick and curded pus were washed out of the joint, and the limb was then packed round with vaseline lint and tenax, and fixed to a splint. Gradually the splint was straightened, and by the middle of September drainage was discontinued, and the wounds healed up. The child never had a bad symptom. In October last there was free movement in the joint, and the infant was flourishing; and, as you have seen to-night, the child allows full examination of the capabilities of the joint to be made. He even flexes it of his own accord; and, his mother says, tries to walk on it.

I am well aware that there is nothing of an extraordinary nature in these reports and cases, unless it be the simplicity of the treatment adopted. A treatment somewhat similar to that described by Mr. Sampson Gamgee,[2] with this exception—improvement, I will call it—that the pus is straightway washed out of the joint, instead of being allowed to ooze out. So the joint gets a well-considered and fair start towards the goal of recovery.

In conclusion, I will venture to express the opinion that the chief requisites for obtaining such happy results in the treatment of acute joint-abscess in childhood are the early employment of clean and free drainage and the prolonged continuance of absolute rest. And these are conditions which are fortunately very generally obtainable.

Seymour-street, W.

[1] A paper read before the Medical Society of London, Jan. 31st, 1881.

[2] On the Treatment of Wounds, p. 101.

ON THE NATURE AND SEQUENCE OF THE CARDIAC AND VASCULAR CHANGES IN INTERSTITIAL NEPHRITIS.

BY BRYAN C. WALLER, M.D., F.R.C.S. EDIN.,
LECTURER ON PATHOLOGY IN THE SCHOOL OF MEDICINE, EDINBURGH.

(Concluded from page 209.)

THE obliterative changes in the intima appear to consist essentially in a proliferation, and subsequent fibrous transformation of the connective-tissue structures of the inner coat. The proliferation is probably due to irritation caused by the circulation of some blood-poison, such as those generated by gout, rheumatism, syphilis, chronic alcoholism, lead-poisoning, and chronic dyspepsia. I am thus inclined to refer the changes in the stroma and in the arteries to a common cause, and to consider that their development generally goes hand in hand, though those in the stroma are usually more marked in the earlier stages, as might be expected from the plentiful migration of leucocytes into the stroma, and from the higher differentiation, and consequently greater permanency, of the elements concerned in the formation of the arterial coats. There is, however, no fixed relation between the character and extent of the changes in the kidney stroma and those in the coats of the renal or systemic vessels—a fact which further corroborates the idea that they are dependent on a common cause, and refutes the supposition that the vascular lesions are originated by those of the kidney, or *vice versâ*.

The remarks which I have made relative to the state of the renal arteries hold good also broadly with regard to that of the arterial system in general. Substantially the same changes may be observed in the vessels of the pia mater, spleen, liver, subcutaneous tissue, &c., though generally to a less degree than in those of the kidneys. The adventitia is not, as a rule, thickened, though in two cases there was thickening of the outer coat of the arteries of the pia mater. This small percentage does not warrant any inference as to the connexion of the thickening with the state of the kidneys. In point of fact, the adventitia of the arteries of the pia mater is often thickened in cases quite unconnected with Bright's disease.[1]

Out of the twenty-six cases in which the heart was examined, there was hypertrophy unconnected with valvular disease in eighteen. The general rule seems to be that the more marked the obliterative changes in the intima of the arterioles the greater the degree of cardiac hypertrophy. In my cases I have been struck with the distinct relation which the one seemed to bear to the other. The number of cases is, of course, too small to justify definite conclusions, though provisionally I am led to adopt the opinion that the cardiac hypertrophy is secondary, and simply due to circulatory obstruction in the kidneys themselves and in the systemic vessels. In three cases where the kidneys were very granular, the intima of the arterioles much thickened, and the heart not hypertrophied, I attribute this fact to the general state of malnutrition which had subsisted before death. Under such circumstances I should not have been surprised had the heart been actually atrophied.

Besides those changes which I have already described in the arteries of the kidney stroma, there are others in connexion with the Malpighian bodies to which I must now shortly direct attention. These changes are principally, if not entirely, due to compression, by the fibrillar transformation and contraction of the nephritic cell-infiltration of the intertubular stroma. By this contraction the capillary loops of the glomeruli are emptied of blood and compressed; and being thus rendered functionally useless, they either undergo simple atrophy and become impervious, or are affected by colloid degeneration and converted into homogeneous or slightly granular masses, which under a power of 300 diameters appear very much like lumps of pretty firmly set gelatine. The colloid change is a very frequent one. In consequence of the obliteration of the glomeruli the blood in the afferent arterioles is prevented from traversing the capillary loops and so entering the efferent venules. A certain amount of rise in the blood-pressure must thus follow, which will not only act directly as one factor in determining an albuminous state of the urine, but will further contribute its quota towards establishing cardiac hypertrophy.

Three principal factors serve to determine a rise in the blood-pressure during the stage of cell transformation and shrinking of the kidney. These are:—Firstly, destruction of the capillaries of the intertubular stroma from contraction of the newly formed cicatricial elements. Secondly and chiefly, changes in the vessels themselves, both in the kidney substance and throughout the system generally, which lead to thickening of the walls with diminution of calibre, and roughening of the sides of the lumen; and, thirdly, destruction of the glomeruli, either by simple atrophy, by colloid degeneration, or by cystic dilatation.

The blood-pressure having been thus heightened, attempts at compensation are likewise initiated. Firstly, the walls of those renal vessels whose coats have undergone least alteration become abnormally permeable, and thus permit the transudation of albuminous substances. Secondly, according to Thoma, when a glomerulus has been destroyed, a direct communication is formed between its afferent arteriole and its efferent venule. Thirdly, anastomoses may form between the vessels of the capsule of the kidney and the small twigs of the supra-renal, phrenic, and lumbar vessels. Thus a portion of the blood which naturally passes through the kidney will be diverted, avoiding, as it were, the locked floodgates. These compensatory provisions are, however, insufficient, and the blood-pressure accordingly becomes permanently heightened. The heart, thereupon, begins to hypertrophy, in order to overcome the conditions obstructing the circulation—that is to say, if the general nutritional conditions are favourable. When hypertrophy is once established the heart is enabled, in great measure, to overcome the obstacles; but at the same time the augmented *vis à tergo*, acting in concert with the increased permeability of the walls of the renal vessels, serves to produce an aggravation of the albuminuric symptoms. These ideas are in accordance with the results of clinical observation, from which we learn that albumen is usually present in the urine in small quantities only during the first stage of interstitial change—namely, that of cell-infiltration; while in the second stage of cell-transformation and contraction it becomes more abundant, though it is seldom very copious in this variety of Bright's disease.

To me the most puzzling fact in connexion with the vascular changes is the hypertrophy of the middle coat. I cannot quite adopt Dr. Johnson's explanation, which ascribes it to the antagonism of the heart and arteries, the one, as it were, insisting on supplying and the other on rejecting the poisoned blood, so that both, like contending athletes, become presently strengthened by the prolonged struggle. Meanwhile I have no feasible exegesis of my own to proffer, unless it be that the hypertrophy of the middle coat is due to the same causes as that of the intima—a view not destitute of serious difficulties, considering the apparently true character of the muscular increase. The fact of the muscular hypertrophy is thus an inconvenient one, so far as regards the sufficiency of present explanations; but that fact it is, I am well persuaded.

The conclusions to which my series of cases appears to point are therefore shortly as follows:—

1. Certain changes in the vascular system are found in connexion with chronic interstitial Bright's disease.

2. These changes consist principally in thickening of the middle and inner coats.

3. In the case of the systemic arteries, the outer coat does not undergo any change which can be connected with the state of the kidneys, though in the kidneys themselves it is sometimes secondarily blended with the surrounding increased perivascular connective tissue.

4. The hypertrophy of the heart is compensatory, and secondary to obstructive causes. It seems to bear a definite relation to the degree of obliterative thickening in the tunica intima of the systemic arterioles. There will, however, be no hypertrophy if the general nutritive conditions of the system are markedly bad.

5. The changes in the arterial coats are, in all likelihood, due to the same primary cause as the alterations in the kidney stroma—namely, the circulation of poisoned blood; though the affection of the vessels is generally subsequent in point of time, owing to the more differentiated, and therefore more stable, nature of the vascular tissues, and the non-occurrence of cell emigration into the arterial tunics as into the kidney stroma.

[1] See Dr. Grainger Stewart, Brit. Med. Journ., Nov. 15th, 1873.

6. Interstitial changes may occur in the kidney apart from any alterations in the arteries, if the renal disease prove fatal before the latter have time to develop. This is seen in cases of glomerulo-nephritis, where death generally occurs rapidly, with symptoms of suppression of urine, uræmia, and acute dropsy.

7. The general order of sequence of the various items in the morbid process appears to be: (*a*) blood-poisoning, (*b*) renal changes, (*c*) vascular changes, (*d*) cardiac hypertrophy.

Edinburgh.

PENETRATING GUNSHOT WOUND OF THE SKULL; LODGMENT OF BULLET IN THE INTERIOR OF CRANIUM; RECOVERY.

BY J. KINGSTON BARTON, L.R.C.P. LOND.

THE notes of the following, although very incomplete as regards the whole history of the patient (necessarily so from a cause beyond my control), yet, I trust, are sufficiently interesting to warrant their being placed before the profession.

A young man, aged twenty-two, received a penetrating wound of the skull from a bullet weighing thirty-four grains, discharged by a small Remington pistol. The wound was at a point about two inches above a horizontal line drawn across the eyebrows, and about a third of an inch to the left of the median vertical line of the frontal bone. About eleven hours after its infliction the wound gave the appearance of being merely a slight puncture of the scalp, there being little swelling, bruising, or discoloration at its site, though the left eye was closed by ecchymosis of the lids. On the third day the scalp began to swell under the wound. On the fourth day after the receipt of injury the scalp swelled in a globular form about three-quarters of an inch in diameter, the swelling pulsating synchronously with the pulse at the wrist. This pulsating tumour gave the feeling of there being fluid immediately beneath the skin, and the heaving did not seem to be expansile in its character. On the sixth day the swelling diminished, but instead of feeling a tense fluid tumour the fingers detected an apparently small circular depression in the frontal bone. On this day (sixth) Mr. Thomas Smith saw the patient in consultation with me, and having removed the scab a probe was passed into the wound.

The probe passed by its own weight into the cranial cavity in a line directly back towards the occiput, and was only restrained in travelling further by the fingers holding the end of the probe. About a teaspoonful of cerebro-spinal fluid escaped when the probe was passed, and after its removal the depression of the bone was more easily felt. The pulse was 44 before the probe was used, but it rose to 50 immediately afterwards. The cerebral symptoms had been those of compression during the few days previous to the exploration with the probe. A piece of lint soaked in carbolic oil was applied to the wound, and was not removed until the wound had healed. Some other pieces to keep the first in place were renewed daily, but a little carbolic oil daily poured over the original piece of lint was the only local treatment used. The skin wound was quite healed on the fourteenth day after the injury. The symptoms of compression, which were existent from the first day, became most marked on the fifth day, but within twenty days the pulse had risen to 60, and no cerebral symptoms of importance remained. The temperature from the first was never above 99° F. The pupils were contracted. The patient for a long time complained of pain at the injured spot, as also at the occiput. When seen at first, about eleven hours after the injury, the left eyelids were extensively ecchymosed, so much so that three days elapsed before the ophthalmoscope could be used. The optic nerve was then found to be swollen, and in the condition called ischæmia. The optic disc in the right eye was normal. It is difficult to say for certain whether this ecchymosis and ischæmia arose from an injury to the cavernous sinus preventing the return of blood by the ophthalmic vein on the left side, or was merely a consequence of a blow upon the eye. Within four weeks the disc had cleared up considerably, leaving distinct signs of its previous condition; but no atrophy occurring, as was evident by the vision of the eye being equal to that of the right eye (which vision was normal), the probable cause of the ischæmia was an injury to the eye, producing not only ecchymosis of the lids, but also extravasation of blood in the neighbourhood of the optic canal, thus causing pressure on the veins of the optic nerve, and giving rise to the condition observed with the ophthalmoscope. The senses of taste and smell seemed to be quite lost after the accident. The patient was always a subject of thick nasal and pharyngeal mucous membranes, together with a tendency to enlarged and inflamed tonsils, so that his sense of smell was probably never very acute. The loss of taste would be partially dependent on the loss of smell, but the glosso-pharyngeal or facial nerve may have been injured near their roots. The loss of taste seemed to be general, as no localised areas unaffected could be discovered. He had double vision for some days, but being very slight, it was difficult, owing to his confused mental state, to determine whether it was due to a temporary paralysis of the external or internal rectus of his left eye. However, the external rectus seemed to be the muscle at fault. The anomaly did not last long.

There are many other points of clinical interest which might be mentioned, but as the case cannot be published in its completeness now, my chief object is to relate the points that bear on the advisability of treating gunshot wounds of the skull by leaving them alone, if possible, rather than surgically interfering with them. The patient convalesced most favourably until forty days after the injury, when suddenly one evening he was seized with most violent pain at the point of injury, accompanied by several rigors. The pulse soon rose to 100, and the temperature to 103° F. He was almost unconscious, and wildly delirious. Within a few hours he was very sick, bringing up a great quantity of undigested food. The pain, delirium, and fever continued for several days, and then gradually subsided. At the time of this sudden attack there was a partial facial paralysis, or, perhaps more correctly, a paresis of the right side of the face. There was no optic neuritis of the right eye, nor were there any fresh signs of it in the left eye. During this attack he was treated with small doses of calomel and opium for a few days, and it seemed to relieve the bowels and head. Appropriate local remedies were applied to the head. Excepting an effervescing mixture of soda whilst he had the feverish symptoms, he had little or no other medicine. From the time of injury until his critical attack as related above, his bowels had to be relieved daily by enema. The small doses of calomel were sufficient to produce evacuations without the aid of an enema, absolute quiet and the blandest food being the chief treatment relied on. He gradually recovered strength from this time, his appetite, owing to the partial return of his taste, coming back to him, and he was able to go into the country on the seventy-fourth day after the accident for change of air. He is still perfectly well in all respects, five months having elapsed since the accident.

General remarks.—Penetrating wounds of the skull produced by firearms are necessarily of a very grave nature, but this case is a good example of treating such injuries in the simplest manner. In military records there are a good many examples of recovery after a bullet has been lodged in the cranial cavity. The local treatment in this case consisted in providing a free escape for any fluid that might collect in the track of the wound, so as to avoid intracranial pressure; at the same time that the wound was shielded from the contact of air by a veil of lint soaked in carbolic oil, no attempt being made either to search for or remove the bullet. A similar plan was adopted with equal success in a case recorded in THE LANCET, May 3rd, 1879, by Mr. Smith, where the skull and brain were shot clean through from side to side, and where the bullet was felt beneath the scalp, near its orifice of exit from the skull. It is more than possible that operative interference with a view to remove the bullet in such cases does more harm than good; and illustrative of this may be mentioned a case recently recorded in THE LANCET, Oct. 2nd and 9th, 1880, by Mr. Gamgee, where the removal of a bullet lodged in the petrous portion of the temporal bone seemed to inaugurate a train of symptoms which shortly proved fatal.

Gloucester-road, S.W.

THE Governors of the Sussex Eye Infirmary have resolved to rebuild the institution, to meet the growing requirements of Brighton and the county.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

TWO CASES OF OBSCURE ABDOMINAL TUMOUR; OPERATION; CURE.

(Under the care of Mr. JOHN WOOD.)

CASE 1. *Fibroma of cæcum; removal; recovery.*—E. C——, aged twenty, a healthy-looking lad, subject to frequent attacks of constipation, with large and evident intestinal accumulations, was originally admitted into a medical ward. These attacks commenced by some slight typhlitis, followed by a rise in temperature. They were relieved by restricting the diet to milk, and by giving large doses of castor oil every night and enemata. Whenever the bowels were relieved a hard pyriform mass could always be felt behind and below the cæcum, and evidently either growing from it or the ilium.

The patient was after a time transferred to the surgical care of Mr. Wood. At this time a resonant note could be percussed out over the cæcum. Behind this and below it was a hard pyriform non-movable tumour. There was no pain on pressure; the legs did not swell, and there were no enlarged glands in groin, nor was there a history of syphilis. The kidneys, heart, and lungs were apparently healthy.

On June 5th the patient was placed under the influence of ether, and a semilunar incision, six inches in length, was made parallel to Poupart's ligament. The superficial epigastric was cut and tied; the external oblique fascia, the internal oblique, and the transversalis muscles were cut through at right angles to their fibres. Troublesome hæmorrhage occurred. The transversalis fascia was much thickened and indurated, and was divided on a director. The deep circumflex iliac artery was cut, and tied with difficulty. On cutting through the transversalis fascia the tumour was exposed. It was found to be of the size of three walnuts, adherent three-quarters round the cæcum and external to the peritoneum. It cut like scirrhus, and was very vascular. The tumour was dissected as close off the peritoneum as possible. A counter-opening was made anteriorly to the quadratus lumborum, a large drain-tube inserted, and the wound was united with three sets of sutures. The patient was then placed in hernia position. Strict antiseptic precautions were observed throughout. At 6 P.M. the temperature had sunk to 95·6°; pulse 102, intermittent and almost imperceptible. Patient was in intense pain. Champagne and soda-water were given, but rejected at once. Finally, enemata containing alcohol were given. Eighteen ounces of high-coloured urine were drawn off by catheter. Next morning at 10, temperature 98·4°, there was incessant vomiting of greenish mucus. Patient fed entirely by beef-tea and brandy enemata. The wound was dressed, and was perfectly united superficially; no sign of redness or tension visible. 6 P.M.: Red sanguineous discharge through dressing. Pulse 144; temperature 97·4°; feeling of prostration; anxious look; cold, clammy sweat. The dressings were removed, and free hæmorrhage was going on from the large drain-tube. Ice bags were applied all over the abdomen, and iced water enemata were injected every half hour. On the 7th vomiting and retching were incessant, causing intense pain at the site of the wound. The patient was still fed by enemata entirely. Everything was tried to alleviate it: hypodermic injections of morphia, drop doses of creasote, effervescing draughts of bismuth and hydrocyanic acid, and, finally, effervescing draughts with solution of strychnine; but all failed, the patient becoming very prostrate and weak. On the 8th vomiting had slightly diminished. Subcutaneous injections of morphia given three times daily allayed the pain, and by the following day the vomiting had almost ceased, and the patient took champagne and soda by mouth, with a little brandy and beef-tea jelly. On the 10th the wound was dressed, and fæcal discharge was seen at orifice of drain-tube, showing the bowel had burst. The wound was dressed with tow and carbolic lint. All the sutures were cut, and the wound was allowed to heal up from the bottom. From this time the progress was rapid, the only difficulty being to keep the wound open and to preserve the skin from bedsores. On the 25th a free motion was passed per anum. Owing to the closure of the hospital the patient was transferred to University College Hospital, under the care of Mr. Marshall. He returned to Mr. Wood's clinique early in October, and the wound was then quite healed up. He had a daily free motion, but found that if he took a purgative it caused violent pain round the wound.

CASE 2. *Enchondroma of the peritoneum.*—(For the notes of this case we are indebted to Mr. S. Farmer, house-surgeon). G. S——, a labourer, about sixty years of age, was admitted to the Albert ward on Nov. 1st, 1880. He had always enjoyed good health, and there was no history of tumour of any kind in the family. Twelve months before he noticed a small swelling about the size of a marble in the left iliac region; this was freely movable. It gradually increased in size up to the date of admission. He had been gaining flesh.

On admission a large nodulated mass could be felt in the left iliac region. The tumour was rounded in shape, and of the size of a very large orange, and was situated on a level with the crest of the ilium, and in close proximity to the anterior superior spine. The skin was freely movable over it, but the tumour itself was attached below. Pain was experienced down the thigh in the course of the external cutaneous nerve.

On the 20th a free incision, six inches long, was made over the tumour. A careful dissection brought the tumour into view. Attempts were made to separate it from the surrounding structures, but it was found adherent to the peritoneum. At this stage the intestines protruded during a fit of coughing, and were with great difficulty kept within the abdominal cavity. The great bulk of the tumour was then removed; a small and quite distinct tumour, about the size of a filbert, was also taken away. Only two vessels required ligature. The peritoneum was stitched together with catgut, and a large drain-tube put into the wound. Antiseptic precautions were observed throughout. He vomited once after the operation. A grain of opium was ordered to be given every four hours. Next day the wound was dressed. It had quite united by primary adhesion. A catheter was passed twice daily.

The patient progressed most favourably until Nov. 26th, when a fæcal odour was observed, and liquid fæces made their appearance. Antiseptics were of course stopped. The wound opened up; the temperature, which had gradually been rising since the 23rd, was 100·4°; it dropped down to normal immediately after rupture of the bowel. Free fæcal discharge took place daily until Dec. 15th, when he had free motions per anum; and when he was discharged at the end of the month there was only a slight serous discharge from the wound.

Remarks.—With regard to the first case, Mr. Wood stated that he was half inclined to give up the operation when he found the tumour presenting so much of a malignant character; but, on microscopical examination showing it to be only of a fibroid nature, he was of opinion that removing the greater part of the tumour would cause atrophy of the remainder. A feature of the first case was the incessant vomiting of a greenish mucus, in spite of food being given only by enemata, and the entire failure of all the usual therapeutic remedies. In both cases it will be observed the bowel burst in the first on the fifth, and in the second on the sixth day. Doubtless the intestine must have been weakened by the necessarily close dissection; moreover, in the first case the vomiting must have in a great measure contributed to this result.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

CASES OF TRAUMATIC TETANUS.

(Under the care of Mr. J. D. RANSFORD.)

CASE 1.—R. P——, aged sixty-one, was admitted on Sept. 29th. Fourteen days before admission his finger had been badly crushed, and had been amputated by a house-surgeon. On admission the wound looked sloughy, and he complained of not being able to open his mouth well, but had no pain. Temperature 99°, pulse 76.

Sept. 30th.—Temperature normal, pulse 72; mouth opened to the extent of half an inch. No pain, no risus, or spasm about the body. An enema of fifteen grains of chloral was given, and later in the day forty grains of compound jalap powder, which moved his bowels several times in the night and once on the following morning. On Oct. 1st temperature and pulse normal, stiffness of mouth greater; opening to the extent of a quarter of an inch. To have thirty grains of chloral every four hours in enema. On the 2nd trismus not diminished, pain in the back of neck, temperature 100°, pulse 98. On the 3rd pulse 116, temperature 99°; trismus increased, stiffness of neck greater; corners of mouth drawn down. Ordered forty grains of bromide of potassium every four hours, and forty grains of chloral as an enema every four hours. Evening: Pulse 128, very weak and compressible; frequently recurring spasms, followed by vomiting. Chloral omitted on account of the state of the pulse, and one drachm of bromide of potassium ordered every four hours. To have a bath of 100° F. for an hour. Three teaspoonfuls of Brand's beef essence every second hour were easily swallowed without exciting spasm. On the 4th swallowed the medicine about six times; he thinking that ice stopped the spasm, he asked for it. Temperature 101·3°. Twenty grains of chloral hydrate at once, and followed by twenty grains in three hours—if necessary subcutaneously. 11.30 P.M.: Twelve grains given subcutaneously, and repeated at 12.30. Spasms as frequent as before, though patient felt drowsy. 4.30 A.M.: Twelve grains repeated subcutaneously; spasm less frequent and less severe; patient very drowsy. Temperature, 2 A.M., 99°. On the 5th the injection of chloral was repeated at 8.30 and 12. Temperature 100, pulse very feeble and compressible. Ordered twelve grains of chloral hydrate, sixty grains of bromide of potassium, and twenty drops of tincture of digitalis every four hours as an enema. Pulse so feeble that after the first dose the chloral was omitted. No spasm after 10.30, but the patient died exhausted, Oct. 6th. Not more than half the above enema could be retained at one time, the rectum being very irritable.

Remarks.—The patient was a strong healthy-looking man, and the symptoms were so slight that some hopes of his recovery were entertained. Dr. Wm. Carter also saw the case from the commencement.

CASE 2.—M. L——, aged twenty-five, was admitted on Sept. 26th. He was a healthy young man, employed as a tramcar driver. While trying to whip some boys clinging to the car he slipped, and the car passed over his right leg. When admitted it was severely lacerated and bleeding fast, apparently from one of the tibial arteries. Esmarch's tube was at once put on by the house-surgeon, and within half an hour Mr. Ransford saw the patient and amputated at the seat of selection by lateral skin flaps and circular division of muscles. Hæmorrhage was rather free at the time and somewhat difficult to stop. The operation was done under the spray and dressed with the carbolic gauze. About two hours afterwards rather sharp capillary hæmorrhage took place, necessitating the taking down of the stump. This was done under a large carbolic spray from a steam spray-producer. No vessel was found, but rather general oozing, which mostly ceased on exposure and clearing out clots, and elevating the stump. The dressings were reapplied, and the house-surgeon was directed to give a subcutaneous injection of three grains of ergotine if there were any fresh signs of the hæmorrhage. This was done in about an hour, when some blood showed through the dressing, but did not increase after this. The next day (Sept. 27th) the temperature was 100° in the moring, and 101° in the evening; pulse 100, very compressible. The wound was dressed, and looked very well. After this the pulse and temperature remained nearly normal up to Oct. 3rd, when the temperature was 100·6°, and remained 99° or 100° up to Oct. 6th, the morning on which he died, when it reached 103°. The leg was dressed every other day, nothing but a little serum being on the dressings after the first day.

On October 3rd, the day on which his temperature rose to 100° F., he complained of his throat being sore. Pulse 74, compressible. Nothing was seen in his throat; no risus; no trismus. Appetite good, able to take full diet. Next day he had dinner and breakfast, and took them without complaint. The first sign of stiffness of the mouth was noticed in the morning at 1 A.M., and in the evening of the same day he had marked difficulty in opening his mouth and spasm in taking food. Had a free purge, followed by thirty grains of chloral hydrate every third hour in the form of an enema, to this was added bromide of potassium and digitalis, to avoid if possible the depressing effects of chloral. On the 5th the trismus had gradually increase, spasm appeared at every attempt to swallow, and food as well as medicine had to be given per rectum. On the following day the spasm was severe and long, the patient was hardly conscious; bathed in cold sweat. Rectum very irritable, neither food nor medicine being retained. On the 6th morning temperature 100·4°; just before death 103°.

Remarks.—This case ran a very rapid course, and was apparently uninfluenced by chloral in any way. The temperature and dressing proved that there was no septic absorption, so that this would lead to prove that it cannot have anything to do with tetanus, as some think. The amputation was well above the lacerated tissues, so that the tetanus was most unexpected. It seemed as though he was going to get rapidly well. When he complained on the fourth day, at first it was hoped that imagination might have something to do with it, as he had heard of the first case; but by the evening all doubt as to its nature was at an end, and chloral was at once given. At the necropsy about half a drachm of pus was found in a small abscess in the stump. Some might say this proved it not to be aseptic, but it was perfectly aseptic; still it was not suspected during life. I have had lately two other similar cases, but have no notes by me now.

SOUTHPORT INFIRMARY.

FATAL CASE OF DEPRESSED FRACTURE OF SKULL, WITH SLIGHT SYMPTOMS.

(Under the care of Dr. MCNICOLL.)

FOR the following notes we are indebted to Mr. A. J. Popert, house-surgeon.

On the evening of Nov. 11th last, in a drunken brawl, the patient, a woman aged forty, received a blow on the head from a small kitchen poker. She was not stunned, and thought little of it; her friends easily stopped the slight hæmorrhage that occurred from the small scalp-wound caused by the blow, and it was not until the morning of the 16th that she applied at the infirmary. She complained of soreness of the scalp. Upon examination a small sloughy wound, large enough to admit the top of the little finger, was found slightly to the left of the median line of frontal bone, and close to its upper border. The bone was denuded of periosteum. She was advised to enter the infirmary, which she did next day. A more careful examination then revealed the fact that an almost circular piece of bone, about the size of a sixpence, immediately beneath the wound, was slightly depressed. The depression, however, was so slight as to be more evident to the touch than to the eye. It was entirely surrounded by a faint line of fracture, but was not starred, and was quite immovable. Pressure on this spot caused no pain. The patient complained of slight frontal headache and nothing else. The pupils were normal, responding freely to light. Her temperature was 100°; pulse 90. Patient had not shivered.

On the 18th a consultation was held as to the expediency of trephining, and taking into consideration the fact that five days had elapsed since the receipt of the injury, and that the patient presented no symptoms beyond headache of an intermittent character, and a temperature of 101°, it was decided to wait.

Next day the evening temperature was 103°, and slight diarrhœa set in. This was checked by astringents, and the temperature again fell to 101°. From this time till Dec. 3rd patient's condition remained unchanged. She slept well, took her liquid food with good appetite, and except for the headache was fairly comfortable; but on the evening of this day she became rapidly comatose, and died in that condition about twenty-four hours after.

At the necropsy the external aspect of the cranial vault presented the appearances already described. On removing the skull-cap a comminuted fracture of the inner table was found; it was circular and rather larger than the corresponding depression of the external table, and consisted of three segments, the peripheral borders of all of which were free and sharp. The dura mater was bathed in creamy yellow pus, and on cutting this membrane several ounces of purulent fluid escaped. The whole of the right anterior

lobe of cerebrum was disorganised, consisting of a dirty-brown semi-fluid mass; the cortex of the rest of this hemisphere showed signs of compression, but the left half brain seemed to be quite normal and healthy, nor had any pus found its way on this side of the head. All other organs were found to be healthy.

Remarks.—In this case the symptoms during life bore no proportion to the severity of the lesion, at no time did the patient present any of the clinical indications of acute meningitis; in fact, the only evidence of any mischief beyond the fracture were the headache and temperature; this fact alone makes the case of sufficient importance to record, and the question of trephining makes it additionally interesting.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

The Condition of Large Arteries after Ligature under Antiseptic and Non-antiseptic Measures.—Axillary Aneurism treated by Antiseptic Ligature of third part of Subclavian Artery; Partial Restoration of Lumen of Vessel.

THE ordinary meeting of this Society was held on the 8th inst., J. E. Erichsen, Esq., F.R.S., President, in the chair. Two papers illustrative of the inefficiency of the catgut ligature to produce permanent occlusion of arteries tied in their continuity were read, the one being contributed by Mr. Treves, and the other by Mr. M'Carthy. The main contention was that under antiseptics the changes around the vessels are too slight and temporary to aid in the occluding process.

A paper was read on "A Case illustrating the Condition of Large Arteries after Ligature under Antiseptic and Non-antiseptic Measures," by Mr. FREDERICK TREVES, of which the following is an abstract:—The specimens upon which the paper is founded consist—together with other parts—of the right carotid and subclavian arteries from a man, aged forty-seven, in whom those vessels had been ligatured for innominate aneurism. The patient gave a history of previous good health, and no definite date for the commencement of the local symptoms. A small aneurism of the innominate artery was diagnosed and ligature of its two branches resolved upon. On June 30th, 1880, the right carotid was ligatured above the omohyoid by Mr. James Adams, under whose care the patient was. The operation was performed under antiseptic precautions without hindrance or difficulty of any kind, a stout catgut ligature was used, and tied in a double and then a single hitch. The wound healed rapidly by first intention without the formation of a drop of pus, and in twelve days the antiseptic dressings were discontinued. After the operation the aneurism, although it did not diminish, ceased to increase. On July 21st, 1880, Mr. Treves ligatured the third part of the subclavian, the operation was also performed antiseptically, and the vessel was readily found; a stout catgut ligature was used and was tied in two simple hitches. During the night after the operation the patient loosened the antiseptic dressings and exposed the wound. On the evening of the next day he had a chill, the temperature rose to 101·6°, and the edges of the wound were red and swollen. The wounds began to suppurate very freely; the stitches had to be removed to allow of the freer discharge of pus, and in thirty-six days the incision was almost healed, having closed up from the bottom. The carotid incision may fairly be regarded as a type of healing under antiseptic measures, and the subclavian incision as an open suppurating wound. After the subclavian was tied the aneurism improved greatly, all the previous symptoms of discomfort gradually disappeared, and the man was discharged thirty-six days after the operation with the tumour apparently cured, or at least greatly benefited. He returned, however, on Oct. 14th, 1880, complaining of severe pain in the back, of cough, and of general feebleness, and was readmitted. After a slight attack of hæmoptysis the patient died suddenly two days after admission. At the time of death, therefore, 108 days had elapsed since the carotid was ligatured, and eighty-seven days since the subclavian operation. Death was found to be due to the rupture of an aneurism of the thoracic aorta; this had produced great destruction of some of the dorsal vertebræ. The great vessels were examined *in situ*. A small aneurism about the size of a Spanish chestnut was found connected with the innominate artery at its commencement; its sac was almost filled with laminated fibrin, leaving only a cavity about the size of a horse-bean in the centre of the tumour, and that communicated with the vessel. The brachio-cephalic vessel was quite patent, as were also the first portions at least of its two branches. In the region of the carotid operation the restoration of the parts to their normal condition was remarkable, the skin scar was slight and had formed no adhesions to the parts beneath, no trace of wound could be detected in the carotid sheath, no adhesions had formed between the artery and the vein, and every trace of the ligature had disappeared. No constriction could be seen in the vessel, and its external outline was unaltered and the seat of ligature indicated only by a faint transverse bluish mark on the vessel, due apparently to the thinness of the arterial coats in that situation. The vessel was found to be patent, but to be narrowed at the seat of ligature by a kind of perforated diaphragm or a miniature pylorus, leaving a central aperture about a line and a half in diameter. This diaphragm was formed by the incurvings of the ruptured ends of the middle coat, and as the external coat retained unaltered the external outline of the vessel, a minute triangular interval was thus formed, having its base represented only by the isolated external coat, and indicated by the bluish line, and its apex by the margin of the diaphragm, where the two cut ends of the middle coat met. As the two portions of the middle coat were only united to one another by the scantiest of connective tissues, the artery was very weak at the seat of ligature, and allowed of considerable angular bendings. The third part of the subclavian artery was found embedded in a mass of very firm inflammatory material, and was occluded for three-quarters of an inch, and entirely obliterated for half an inch. No trace of the ligature could be detected; the subclavian vein was patent. The aorta was very atheromatous, and the summit of its arch calcareous; the aperture leading from the aorta to the left carotid was extremely small, and that vessel was found to be occluded, save for a minute channel, through which air could only with some difficulty be forced. This unsuspected closure of the left carotid was evidently present at the time of the patient's admission, and much embarrassed the early diagnosis; for when the patient came under notice it was observed that the left temporal pulse was much feebler than the right, that the aneurismal bruit (most clearly marked over the innominate tumour) was more distinct in the left than in the right carotid, and that in the left vessel a thrill could be felt not noticeable in the right. These symptoms aroused strong suspicions of aneurism of the aortic arch, and are explained by the almost solid condition of the left carotid. As an operation for closing a bloodvessel the carotid operation must be considered to have failed, and the reasons of that failure are matters of great importance. In reviewing the subject Mr. Treves deals in detail with the comparative physiological condition of the two vessels at the time of ligature, and urges that in this respect the condition of the subclavian artery at the time of ligature was actually less favourable than was that of the carotid when subjected to operation. In the details of the two operations and in the health and general surroundings of the patient, no differences are apparent that could account for the differences in result. The conclusion, therefore, would appear to follow that the failure of the carotid ligature was due to the antiseptic measures adopted. It would appear that these measures might almost err on the side of perfection, by producing too ready and too complete a return of the parts to their condition previous to disturbance. Anatomically the healing of the wound was perfect, but would seem to have been too perfect for surgical purposes. A little so-called reaction in the wound, and a little of that firm inflammatory material almost too bountifully supplied about the subclavian incision, would probably have effected the permanent closure of the artery. The comparative risks, however, attending the healing of the two wounds are to be considered. The question remains as to whether, for some surgical purposes, the perfect healing aimed at by the supporters of the antiseptic treatment is desirable or successful.

The following is an abstract of the paper on "Aneurism of the Axillary Artery, probably ruptured; treated by Antiseptic Ligature of third part of Subclavian Artery; Partial

Restoration of Lumen of Vessel," by Mr. JEREMIAH M'CARTHY. F. G——, aged fifty-one, a sailor, was admitted into the London Hospital Sept. 7th, 1880. In 1879 he had been under the care of Mr. James Adams, for diffused aneurism of right popliteal artery, with the result of cessation of bruit and pulsation in the aneurism after eight hours' digital compression of the femoral artery. Five days later gangrene necessitated amputation above the knee. The wound had healed well, and the man was discharged cured in November, 1879. Ten days prior to his second admission he felt pain in the left axilla, which recurred on Sept. 6th with great intensity, and a swelling was observed in front of the left shoulder. There was a pulsating tumour immediately below the clavicle, which stretched the pectoral muscles, so that the man sat with his body bent forward. A loud bruit was heard over the swelling, and its pulsations were synchronous with those at the left wrist. It was evident that a small axillary aneurism had suddenly ruptured. The subclavian artery was at once ligatured antiseptically with a catgut ligature, arresting pulsation in the tumour and left wrist. In four days the tumour and the œdema had almost disappeared, and the wound healed by the eleventh day, when slight pulsation could be detected in the left radial. On the twenty-first day the patient complained of severe pain in the shoulder, and examination was made for its cause. A harsh bruit was heard below the inner third of the clavicle, but none in the consolidated mass close to the shoulder. An hypodermic injection relieved the pain. On the forty-second day the tumour was spreading towards the shoulder, and ice was tried externally and iodide of potassium internally; and on the forty-sixth day, on the supposition of the subclavian artery having become permeable, an examination was made, but no pulsation could be detected in the subclavian beyond the ligature. On the fifty-seventh day the arm became œdematous, the pulse at the wrist no longer perceptible, and the tumour steadily enlarging. On the sixty-second day the arm became of a dusky-red colour, some bullæ formed, and the tumour was obviously about to burst in the axilla. On the sixty-fourth day there was oozing of blood from the axilla, and Mr. M'Carthy amputated at the shoulder-joint. The pectoral muscles and parts of the axillary and brachial arteries were indistinguishable in the pultaceous mass, composed of old and recent blood-clots. The remains of the axillary aneurism could be seen with three large vessels opening into it, which, with five smaller vessels, were then tied. The man died one hour and a half afterwards. The author gave a full description of the post-mortem appearances of the subclavian artery and of the microscopic examination of its coats, which were much thickened at the seat of ligature, but there were no traces of the tunica intima having been completely divided, though in the media some of the elastic fibres had evidently been ruptured. The tunica adventitia was much thickened, and in it were imbedded the remains of the ligature surrounded by giant cells. With regard to the question how the artery became pervious, the author suggested that the catgut ligature applied with effectual antiseptic precautions to an artery in its continuity does not do sufficient injury to ensure the permanent closure of the vessel.

The PRESIDENT said the papers were of great value in the light they threw upon a subject of which so little was known—viz., the action of the catgut ligature upon the vessel when this is tied in its continuity. History repeats itself; for two generations ago it was probable that the efficacy of catgut and other animal ligatures was discussed at that Society. At the beginning of this century such ligatures were largely used; the ends cut short, and the wounds closed over the ligatures. Astley Cooper had a case where healing took place in four days. It would be interesting to know why the surgeons in those days abandoned these ligatures, for which such great expectations were raised. Probably it was because they were not found to be so trustworthy as the silk and hempen ligatures, which again came into vogue. At the present day, although catgut is specially prepared and the application of the ligature aided by modern science, it was remarkable that facts were pointing to the same conclusion as that formerly arrived at. That in each of the cases recorded there should have been this imperfect occlusion or reopening of the vessel, and formation of a sort of perforated diaphragm, was remarkable: it was a condition altogether unknown in his own experience of the ordinary ligature.—Mr. MORRANT BAKER asked why the author attributed the conditions found in the arteries to the mode of healing under antiseptics, rather than to the more reasonable fact that the ligatures had yielded after a certain time.—Mr. BARWELL said that the formation of a sort of diaphragm in an artery after ligature was quite new to him. In Mr. Treves's case no mention had been made of any internal clot above and below the seat of ligature (in the carotid), which used to be regarded as the chief protection against hæmorrhage. Could it be supposed that the antiseptic treatment prevented the formation of the clot, or the rupture of the inner coat, which determined such clotting. He suggested that a thin layer of fibrin might conceal the ruptured intima and convey the idea that this membrane had remained entire. Several instances had been recorded at the Clinical Society of the unreliability of catgut, which is liable to yield or to be absorbed too quickly; and this was a grave objection to its use. But if in the case the carotid had really been impervious for eighteen days, surely that was time enough for clotting to take place. Could one go so far as to say that the absence of an influence outside the vessel prevented clotting within it? He was surprised that ligature of the carotid should have been followed by increase in the force of the radial pulse, and more surprised at the increase of the opposite radial pulse after ligature of the subclavian in Mr. M'Carthy's case. The use of catgut, doeskin &c. was abandoned in old days because of the formation of abscesses around the ligatures. Although Astley Cooper's first case did well, his second case was followed by an abscess attributed to the ligature.—Mr. HULKE had twice tied the common femoral with catgut obtained from Edinburgh. The wound in each case did not heal by first intention, but a small sinus was left, causing much anxiety for some time; and it was his belief that if he had used the ordinary ligature he would have been spared that anxiety. He believed from the careful descriptions given that in neither of the cases recorded was the inner coat cut through; and if the inner coat were not divided, no clotting would ensue. However, we live now in revolutionary days, for we are told now that the clot is an accidental factor in the occlusion, which is said to be produced by the union of the opposed surfaces of granulations formed from the proliferating endothelium of the intima; and that the clot comes afterwards to strengthen the union.—Mr. GANT admitted that Mr. Treves's case showed that the open healing of the wound aided in the closure of the subclavian artery, but did not think the two operations comparable; that on the carotid being a simple incision, that required for ligature of the subclavian being a deep almost lacerated wound, where antiseptics were more likely to fail.—Dr. R. O'CONNOR said that ten or twelve years ago when dresser to Mr. Lister at Edinburgh, it was impressed on him that freshly prepared catgut was certain to slip when tied in a knot after soaking a short time in serum; and in his recent address Mr. Lister had again forcibly pointed this out.—Dr. J. HARLEY also pointed out that catgut by absorbing moisture must yield to pressure after a time unless most firmly applied.—Mr. T. SMITH said the cases were very valuable for confirming, if any further confirmation were needed, the untrustworthiness of carbolised catgut as a ligature for arteries in their continuity; and they supplied evidence as to the manner in which this takes place. He agreed with Mr. Baker that the whole failure could be explained by the ligatures not holding long enough. He could not doubt that if they had not yielded the coats would have been completely divided, and clotting taken place. Ever since he had a case where, in consequence of the failure of a catgut ligature (given him by Mr. Lister), followed by an aneurism at the seat of ligation, he had been in the habit of applying two such ligatures to an artery in continuity, and dividing the vessel between them. For the ligature can be trusted to severed arteries (as in amputation), but not to arteries where continuity remained. He had followed this plan for the brachial and femoral arteries, and had no trouble from secondary hæmorrhage. He could not believe that any process to which the catgut was submitted would make it a safe ligature. It was not by nature ever intended to resist tension in the longitudinal direction, and he feared it was vain labour to attempt to alter its nature. More fitting material might be found in tendons, which naturally resist tension; and he had been informed that kangaroo tendons (of which he understood some were in use in St. George's Hospital), were much employed in Melbourne and found to be thoroughly reliable.—Mr. HULKE explained that in speaking of the clot being only of secondary importance he was quoting the doctrines laid down in the ninth edition of Billroth's work, and not his

own views.—Dr. GILBART SMITH asked whether the catgut ligature was likely to divide the inner coat, and whether such division was necessary or not to occlusion.—The PRESIDENT said that was the point on which James, of Philadelphia, tried to contest Jones's view that the inner coat must be divided, and the former urged that animal ligatures did not divide the internal coat.—Mr. BARWELL had made many experiments which convinced him that it was impossible to tie an artery with a round ligature without dividing the internal coat.—Mr. TREVES, in reply, said that he presumed loosening of the ligature might occur, but his point was that if there had been any inflammatory exudation around the vessel it would tend to keep the ligature applied; and in an antiseptic wound no such barrier occurred. There was absolutely no clot found in the vessel. The antiseptic failed in the case of the subclavian, because the patient had displaced the dressings. The inner coat appeared to have been divided and then reunited; there was no doubt that the middle coat had been severed. The division of the internal coat depended simply on the amount of force employed in tying the vessels.—Mr. M'CARTHY, in reply, thought too much stress had been laid on the mechanical action of the ligature, and that the reopening of the vessel was due to changes in the walls rather than the ligatures, which in his case had certainly not given way at the knot. The increased pulsation in the opposite radial was in accordance with physiological fact, and he related a case where such increased tension was observed by the sphygmograph to occur in the left radial artery to a certain extent when the right subclavian was tied, and to a much greater extent when this ligature was followed by ligature of the carotid, the case being one of innominate and aortic aneurism treated by ligature of these two vessels. If catgut were tied firmly enough it would divide the inner coat. In Mr. Adams' case, if this coat had been divided, a dissecting aneurism might have formed. There was microscopical evidence in his own case of proliferation of the intima; no clot was found, so that if it had formed it must have been swept away. The point of his case was that the changes in the adventitia did not proceed far enough, and the vessel yielded gradually to pressure, so that the channel was opened up again.—Mr. SAVORY asked Mr. TREVES if he had made any experiments or observations showing any difference between the healing of the wound in his case from that ordinarily known as healing by "first intention." If the process were the same, it did not alone explain why the vessel was not occluded.—Mr. TREVES said he had made no experiments.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Gunshot Wound of Brain.—Treatment of Suppuration in the Knee-joint.—Tumour of Hard Palate.—Sarcoma of Upper Jaw.

AT the meeting on Jan. 31st, F. J. Gant, Esq., President, in the chair, Dr. BRUNTON read notes of a Case of Gunshot Wound of the Brain, of twenty-nine years' standing, and exhibited the specimen. The present case, like all other cases of gunshot wound which had come under Dr. Brunton's care, was of suicidal origin. A lovers' quarrel resulted in an attempt to destroy his life by the discharge of a loaded pistol. A dangerous gunshot wound of the forehead was the consequence, followed by recovery without detection of the bullet, in fact the recovery was so satisfactory that it was assumed that either the charge in the pistol was blank, or if there were a bullet that it had glanced off. The patient carried on his ordinary business as a corn merchant for twenty-nine years. Subsequently his temperament was an excitable one, he married afterwards, and at his death left several children, all of whom are healthy. On the 23rd of March last, on being called to see him, the author found him in bed, suffering from double sciatica, for which he had been treated in the hospital. Marked relief followed treatment; but on the 5th of April paralysis of the bladder appeared, and continued until his death on the 19th of that month. On the 16th he was seen in consultation by Dr. Charlton Bastian; he was reduced in flesh, and, in spite of every precaution, suffered from bedsore. Wasting paralysis appeared a few days before his death, his intellect, however, remained clear to the last. On noticing an old cicatrix of an irregular shape over the left superciliary ridge at its inner aspect, by the root of the neck, inquiries as to its origin were made by the author, who, on hearing the story of the suicidal attempt, determined, if possible, to obtain an opportunity for searching for the bullet. Permission was with difficulty given accordingly to have an autopsy, the head only to be examined. On this being carried out membrane thickening and subarachnoid effusion of lymph were the external appearances found on the brain itself in the neighbourhood of the second and third left frontal convolutions. On examining the left frontal bone it was seen that the bullet had entered the bone at the inner part of the frontal sinus, passed through the outer, and lodged in the inner table projecting through it, and pressing on the membranes, destroying them *in situ*; and a portion of the second and third convolutions of the anterior lobe of the left cerebral hemisphere, exactly at the spot where the foreign body came in contact with these parts. There was no pus or artificial membrane, only a plain cavity lined by dura mater. The author remarked on the great rarity of this case; on its recovery, so rapid and complete, and upon the activity of the mental faculties, together with the healthy condition of his physical powers, and pointed out the absence of headache, notwithstanding the presence of the missile for so long a time.—Dr. GILBART SMITH thought this case remarkable and almost unique, as an instance of the tolerance shown by the brain to the presence of foreign matter. Cases of perfect recovery from lesions involving loss of substance of the brain itself, and especially of the frontal portion, were not rare, although somewhat difficult to understand; he mentioned the case of a photographer in Montreux, who received in the first Carlist war a sabre-thrust over the left eye followed by hernia cerebri. When seen by him some years ago, although an extensive cavity lay within an orifice situated at the bottom of a funnel-shaped depression an inch and a half deep in the forehead, yet his mental and physical faculties were unimpaired, and he followed his artistic occupation with great success. In reply to Mr. Pearce Gould, Dr. Gilbart Smith stated that the man was not left-handed, and this was shown by his having been aphasic for months after his wound.—Mr. ROYES BELL also considered this a rare case, and referred to the case of a boy from whom he had removed a bullet, in which perfect recovery ensued, although with considerable loss of brain-substance.—Dr. SYMES THOMPSON, in commenting on the case, referred to the celebrated "crowbar" case as an instance of the enormous damage sustained by the brain compatible with life.—Dr. BROADBENT observed that marked symptoms would not have been expected in this instance, seeing that only the extreme tip of the frontal lobe was injured. The death of the patient with acute cerebro-spinal mischief was remotely attributable to the bullet. The direction taken by the bullet gave the impression that the pistol was held in the left hand.—Dr. DOWSE said that the various cases mentioned went to prove that the anterior lobes have but little physiological value.—Dr. DAY thought these cases by no means uncommon, having seen many such in gunshot wounds. He thought that in some persons the brain showed a greater tendency to take offence than in others.

Mr. EDMUND OWEN showed three cases of "Knee-joint Abscess in Children." (These cases will be found described in full at p. 246.)

Dr. ALDER SMITH related a similar case recently treated by him at Christ's Hospital. The boy was admitted into the infirmary on September 15th, 1878, having previously had good health, and there was no history of injury. The symptoms resembled those of rheumatism; pain on movement, redness, swelling, but no effusion into the knee-joint. On September 22nd acute inflammatory symptoms set in; temperature 104°, and led to the opinion that an abscess had involved the joint. The limb was placed on a back splint. Next day there being no abatement of the serious symptoms, it was determined, in consultation with Mr. Langton, to thrust a trocar into the joint under carbolic spray. This was done and pus escaped, whereupon the joint was laid freely open on either side. Digital exploration of the joint revealed nothing abnormal. An india-rubber drainage-tube was placed through the joint underneath the patella, and the joint washed out with carbolic lotion. For a fortnight the limb was kept at rest in a swing back splint,

and the joint syringed night and morning with carbolic lotion, and dressed with carbolic oil and lint. The constitutional symptoms subsided. On the fourteenth day the drainage-tube was removed. Till the 24th the joint freely suppurated, and the tissues about it enlarged; the lower end of the femur was much swollen. Next day, as necrosis appeared to be the cause, it was discussed, in consultation with Mr. Savory, where the limb would have to be amputated, rather than whether it could be saved. The same treatment, however, was continued, and by Nov. 9th the local and constitutional conditions were greatly improved. The discharge ceased on Nov. 21st. By February he was able to go into the country, and in a few months was playing about as usual. At the present time his joint, though larger than the left, is quite movable, and he is able to play cricket or football as well as ever. The case shows what an admirable result may occur after suppuration in a joint treated in the old method.—Mr. FRANCIS MASON thought the successful result in these cases depended rather upon the age of the children than on the treatment adopted, and asked if Mr. Owen would treat disease of the knee-joint in an adult in the same manner.—Mr. ROYES BELL alluded to two cases—one of wound of the knee-joint, and the other of an abscess secondary to necrosis of the tibia, which got well, under rest and dry application; but at the same time he considered that cases of suppuration of this joint did better when free incisions were made on each side with a drainage-tube passed across the joint; these incisions being done with strict antiseptic precautions. He though Mr. Mason's remark relative to adult cases judicious. Mr. Lister's method had the merit of enabling the surgeon to attack the disease in an early stage. The discharge came away through the drainage-tube, there was no tension from retaining discharge, there was less pain and less disturbance of the parts when the limb was dressed.—Mr. PEARCE GOULD remarked that Mr. Owen had laid stress upon his method of treatment as compared with Listerism; for his part, he considered a simple change of dressing under a spray once, or, at most, twice a week, more simple than the daily washing out of the joint, with more or less squeezing. The four cases shown, though exceedingly good, cannot be held to throw much light upon the discussion as to the value of Lister's treatment. Before that was introduced it was well known that such cases would recover, and it was important to remember that the mode of healing is the same in all cases, however dealt with. Mr. Lister's assertion is that by his method accidents, which sometimes, not always, follow wounds and inflammations, may be avoided. Could Mr. Owen show by his treatment there is less septicæmia and pyæmia than after Listerism?—The PRESIDENT, with reference to the question of age in relation to the efficiency of antiseptics in cases of joint disease or injury, mentioned the case of a man nearly fifty years of age who sustained compound dislocation of the elbow, with severe contusion from "buffer" injury. The wound closed after careful syringing with carbolic solution, and with but little purulent discharge. Recovery took place by nearly complete primary union, leaving a freely movable joint.—Mr. OWEN, in reply, said that his treatment for knee-joint abscesses in the adult was exactly the same as that which he had carried out in the case of these children, and he cited an instance in his own practice in which the treatment had been followed by an equally satisfactory result. He was aware that these three cases did nothing towards upsetting the value of surgical antiseptic treatment, but suggested that at any rate they were a contribution to the theory that perfectly satisfactory results can be obtained without the spray. He would not deny to any method, which involved early incision, free drainage and rest, equally good results. The cases had been desperately bad, and the benefit obtained by the treatment was no less decided. He had not brought them forward with any idea of "settling the grand question"; it would probably be long before the question was settled, but such results as these cannot be overlooked. He would not presume to reply to Mr. Gould's query, whether septicæmia and other grave complications would be more frequent if this method were carried out generally than if they were under special antiseptic treatment; but he held his own opinion on the matter.

Mr. FRANCIS MASON exhibited a man aged forty-two, whom he had shown at a meeting of the Society on Nov. 22nd, 1875. At that time he had a tumour involving the back of the hard palate, about the size of a walnut. Thirteen years previously he first noticed a small swelling, the size of a pea, in the centre of the hard palate. This gradually attained the size of a Tangerine orange. In 1875 he applied at St. Thomas's Hospital on account of some hæmorrhage from this part, which was arrested by perchloride of iron. There remained an ulcerated opening large enough to admit the forefinger; and the impression at the time was that the swelling was of cystic character. The patient being then in good health, and not suffering in any way, operative procedure was thought undesirable. The tumour now is steadily, but slowly, diminishing in size, and as it gives the patient no trouble he is content to allow it to remain as it is. There is little or no impairment of the voice.—Mr. MASON also exhibited a woman, aged fifty-two, the greater part of whose right upper jaw he had removed for Spindle-celled Sarcoma in April, 1877. The usual incision was made in the middle line of the lip, and the growth readily removed, the patient making a rapid recovery. She is now in fairly good health, and locally there is no return of the disease. She wears an artificial palate, which renders her speech perfect. The scar on the lip is scarcely perceptible; and Mr. Mason thought that this was due to the manner in which the incision was made, the knife having been first drawn lightly through the skin surface and the complete division effected by transfixing the remainder of the lip. It was customary, he added, to bring the edges of the lip together after such operations with harelip pins. He preferred the ordinary interrupted sutures of fine silk, which leave a smaller scar, and enable the surgeon to bring the parts into more accurate apposition.

Reviews and Notices of Books.

Diseases of Women. By T. GAILLARD THOMAS, M.D. Fifth Edition. London: Henry Kimpton.

THE work of Dr. Thomas was first published twelve years ago, and now it has reached a fifth edition, so that it must have obtained a hearty reception from the profession. The present edition is "thoroughly revised and enlarged," and evidently contains the mature views of the author. The character of the work is pretty well known to the student of gynæcology, as well as the views which the author holds on questions which still agitate the minds of obstetricians. Dr. Thomas belongs to that large class which holds uterine displacements to be morbid conditions of the highest importance, and mechanical and surgical means the panacea of suffering women. In proof of this statement we would adduce the following facts. In the chapters on anterior and posterior displacements alone there are at least fifty-two figures illustrating the displacements, the modes of reducing them, the instruments used in the reduction, and the instruments employed in maintaining the organ in the normal position. Surgical procedures are on all occasions described fully and minutely, while medical treatment receives but scant attention. Dr. Thomas is evidently a skilled manipulator as well as a dexterous operator, and it would seem that these accomplishments have led him to cultivate the mechanical and surgical aspect of the diseases of women at the expense of the medical, to the prejudice of his work and the injury of those who trust it as a guide. The parts devoted to mechanical and surgical treatment are by far the fullest and most elaborate in the work, and whatever differences of opinion may be held with regard to the directions given by the author as to *when* to operate, we do not think there will be any in respect of the mode of operating he recommends. The weak side of the work is its account of pathology and etiology; and unsatisfactory as our knowledge concerning these subjects is, yet we are somewhat surprised not to find any account of recent researches into the physiology and pathology of the uterus and ovaries when a whole chapter is devoted to the anatomy, physiology, and pathology of the perineum.

In discussing the pathology and etiology of diseases the author puts what he has to say into the form of tables which, at first sight, appear highly advantageous and satis-

factory, but which, in practice, prove the very opposite. Many of the statements in these tables would be, and, indeed, are, called in question; but, setting aside this fact, the author has missed a great opportunity. To educe principles from collections of facts, and enunciate them, should be the first and greatest object of him who would aspire to teach any department of science. This work, on the other hand, would cram the student with facts, or what the writer supposes to be such.

There is a subject to which we would call attention, because in its discussion the first principles of medicine are lost sight of; and we notice it particularly as we believe it to be an error of the gravest character, and unfortunately inculcated and practised by many. We mean the unnecessary treatment of certain cases, many of which are absolutely free from danger or even from suffering. In the discussion of amenorrhœa we find no hint given that there are many cases of absence of the menstrual function, in otherwise healthy women, which should not be treated—cases in which emansio or suppressio mensium has given rise to no suffering of any kind, cases which it is not justifiable to treat, at least by means which may prove injurious, such as stem pessaries. In addition to constitutional means in the treatment of amenorrhœa this work recommends local stimuli, as tents, cupping, electricity, &c. Electricity is recommended, amongst other ways, in the form of a galvanic stem pessary; and the use of this instrument is recommended not only in amenorrhœa, but also in undeveloped and atrophied ovaries. With reference to these instruments we find it stated: "As these instruments must be left in place while the patients walk about there is always a danger of their irritating the walls of the uterus to too great an extent. To avoid this I have employed a stem composed of alternate bands of copper and zinc, held together by a small wire-rope, which passes through the centre of each, and is secured to the uppermost and to the vaginal disc below. This may by any movement of the uterus be bent at the required angle, and consequently can do no injury." We hardly think that the author means what is stated in the above passage, the danger of stem pessaries of all kinds being so well established, and so generally admitted. We cannot refrain from expressing our deep regret and astonishment that the distinguished author did not dwell fully upon the dangerous, in many cases fatal, character of stem pessaries. To recommend the use of such instruments in cases free from danger or suffering is in direct contravention of the first principle of medicine—"do no harm if you can do no good"—one which the teacher of gynæcology should in the present day be never weary of inculcating.

We have pointed out some of the blemishes as well as the excellences of this work; but we are disposed to think that even its excellences may produce bitter fruit in this over-surgical age, for the preponderance of mechanism and surgery over pathology and medicine cannot fail to have an injurious effect upon the student beginning the study of the diseases of women.

Elements of Practical Medicine. By ALFRED H. CARTER, M.D. London: H. K. Lewis. 1881.

THE student of medicine in the present day has to learn so much within so short a space of time that he is apt to fancy that he must practise economy in the matter of reading, and to view with dread the gradually-increasing size of the text-books he is recommended to study. All students are not constituted alike, and it is perhaps unfortunate that if they read at all they must either have recourse to ingeniously-contrived digests of the subject, which require to be committed to memory verbatim, or else be compelled to study the subject (in the truest and fullest way) by the perusal of works which require thought as well as memory to be called into action. Dr. Carter has aimed at meeting the wants of those whose inclinations do not lead them to study the larger and well-known text-books; and he has succeeded well in producing a work which contains the essentials of medicine stated in clear and explicit language, without overburdening the reader with side issues and disputed points. The task could not have been an easy one, for it necessitates the presentation of facts in a dogmatic way, and precludes any attempt at proving the statements. Dogmatism, however, lies at the root of successful teaching, and has often to be assumed without sufficient reason for the purpose of driving facts home to the learner's mind. He must be taught the types of disease; in time to come he will find out how varied are the departures from these types, and he will see that bedside experience does not always harmonise with statements that are laid down in books.

The work before us is one which meets a distinct want; and many will doubtless avail themselves of its perusal before proceeding deeper into the subject, whilst those who limit themselves to its pages will find therein sufficient to enable them to pass their examinations, provided, always, that they bestow large attention upon their clinical work. If one part of the book be more deserving of praise than another, the sections devoted to therapeutics might be especially singled out, supplemented, as they are, by several pages of formulæ at the end of the book, which, by the way, is devoid of any "index" in the ordinary acceptation of the term.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

THE General Medical Council held a special sitting on Thursday, the 3rd inst., in order to transact business arising with reference to the Dentists Act of 1878.

The PRESIDENT, Dr. Acland, made a statement which appeared in our last week's issue as to the business to be brought before the Council.

Sir WM. GULL moved a resolution of condolence on the part of the Council with the widow and family of the late Mr. Andrew Wood. Occupying the position which Mr. Andrew Wood did as Chairman of their Business Committee, and considering how he had laboured from the very beginning of the Council most faithfully to advance the interests of medical education in this country, the Council would be wanting in its duty if it passed at once to the business before them without some expression of sympathy with Mr. Wood's family.

Sir JAMES PAGET seconded the resolution, which was unanimously agreed to.

Dr. HUMPHRY moved the election of the Business Committee, and said that on former occasions the election of that Committee had taken place almost in a formal manner, for they all had perfect confidence as to the efficient conduct of the business of the Council, as far as it lay in the hands of the Committee under the direction of its excellent chairman. Since that motion was put on a previous occasion a sudden visitation had inflicted the most irreparable loss which the Council could have sustained, in depriving it of the assistance of one of its oldest members. He could not bring forward this motion without expressing to some extent his feelings on the subject. It was not for them to sorrow altogether as men without hope for the future, for there still remained good and true men in the Council who would fill up the gap and carry on the work, he hoped, as heretofore. He proposed that the Business Committee should be elected, and should consist of the following members:—Dr. Pitman, Dr. Haldane, and Dr. Aquilla Smith, Dr. Pitman undertaking the duties of chairman. They could not have one

more ready in his work, or more careful and considerate as to the wishes of the several members of the Council.

The resolution was seconded by Mr. TEALE, and was agreed to.

Dr. QUAIN moved, "That as, in accordance with Section 14 of Chapter 7 of the Standing Orders, it appears necessary that the election of an Executive Committee should take place on the first day of the meeting of the General Council that shall be held after the period of one year during which the Executive Committee continues in office, this Council, in accordance with Section 2 of Chapter 1 of the Standing Orders, resolves that the election of an Executive Committee be proceeded with, notwithstanding that such business has not been named in the summons convening the meeting of the Council." He said it was necessary to move this resolution, because a question arose whether the Executive Committee could be elected at a special meeting of the Council summoned for a special purpose, and they were advised by Mr. Ouvry that the best way of getting over the difficulty was by proposing a special resolution.

The resolution was seconded by Dr. AQUILLA SMITH, and agreed to.

The Council then proceeded to ballot for the Executive Committee. In the result the following members were declared appointed:—Sir James Paget, Dr. Pitman, Dr. Humphry, Dr. Haldane, Dr. Aquilla Smith, and Dr. Quain.

THE DENTISTS ACT.

The Report of the Dental Committee was then received and entered on the minutes. It stated that the Dental Committee having considered the corrected list of persons submitted to the General Council, and by the General Council referred to them for inquiry into the facts of the respective cases, had found certain facts with reference to them. It found, first, that certain persons in the list were at the time of making their declaration *bonâ fide* practising as dentists separately. Secondly, it found "the following persons have been registered on their declaration that they were *bonâ fide* engaged in the practice of dentistry in connexion with pharmacy, though the names of these persons are not to be found in the Pharmaceutical Register or in the Register of Chemists and Druggists. On application being duly made to these persons as to the grounds on which they had described themselves as practising dentistry in connexion with pharmacy, they have given explanations which show that they were managers, assistants, or apprentices to chemists and druggists, and considered that in that character they were practising pharmacy, and the Committee have no reason to doubt but that this was done from a misconception of the meaning of the Act, and without any fraudulent intention." Then followed a list of 115 names. After stating the facts with reference to a good many individual cases, the report gave a list of 68 persons who had at their own formal request been actually removed from the Dentists' Register. The report proceeded to state the particular cases. Cases which had been presented to counsel, together with counsel's opinion thereon, with regard to the Dentists Act, 1878, were then ordered to be read.

In answer to Mr. Simon,

Mr. OUVRY said he saw no objection to the publication of the opinions; they were very clear and decided, and were on matters affecting the public interest.

The first case was submitted to the Solicitor-General and Mr. Vaughan Hawkins, and the questions and opinions were as follow:—

QUESTIONS.	OPINION.
1. Must any proceedings to erase a name or qualification from the Dentists' Register, or to restore such thereto, be initiated by the General Medical Council?	1 & 2. We think that the power of initiating proceedings is vested in the General Medical Council, but that the Council may properly delegate to the Executive Committee, under the Medical Act, the power of receiving applications to the General Council, and of referring them to the Dental Committee under Sect. 15 of the Dentists Act, to investigate and report on the facts of the case, for the purpose of the matter being afterwards brought before the General Council.
2. Can the General Council delegate either to the Executive Committee under the Medical Act, or to the Dental Committee under the Dentists Act, a general power of initiating proceedings?	
3. Has the Dental Committee under the Act any power to originate proceedings?	3. We think the Dental Committee cannot itself originate proceedings.
4. Is the Dental Committee bound to hear the party interested before finding the facts?	4. We think the Dental Committee ought, before finding the facts, to give the party interested the opportunity of offering any explanations, and of being heard, if he desires it.
5. Where a person has procured his name to be put on the Dentists' Register as practising dentistry separately, but who, in fact, carries on some other trade, as a jeweller, hairdresser, &c., can the General Council remove his name from the Register?	5. We think that the name of a person cannot be removed from the Dentists' Register solely on the ground that he carries on some other trade, though the fact of his doing so might be material in considering whether he was *bonâ fide* engaged in the practice of dentistry at the passing of the Act.

Temple, August 6th, 1880.

FARRER HERSCHELL.
F. VAUGHAN HAWKINS.

CASE AND JOINT OPINION OF THE SOLICITOR-GENERAL AND MR. MUIR MACKENZIE.

The General Medical Council—Dentists Act.

The General Medical Council have carried out the registration of dentists in accordance with what they believed to be the meaning of the Act. Objections, however, have been raised which apply to the registration of persons who were registered on their declaration of having been in practice prior to the passing of the Act. These objections are founded more especially on the interpretation to be put on Clause C of Section 6 of the Dentists Act.

Counsel are requested to advise the General Medical Council in reference to this section of the Act.

QUESTIONS.	OPINION.
1. What is the construction to be put upon the words "*bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy?"	1. We are of opinion that the words "*bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy," have no reference to any legal qualifications to practise medicine, surgery, or pharmacy. They are simply intended to indicate that if the person seeking registration is qualified to be registered by reason of his being *bonâ fide* in practice as a dentist, he is to be none the less so entitled because that is not his exclusive occupation, but is only carried on by him in conjunction with the practice of medicine, surgery, or pharmacy.
A. Do such words mean that a duly qualified dentist must be actually in business on his own account, or could a person otherwise duly qualified, and discharging all the duties of a dentist, but acting as assistant to another, be said to be *bonâ fide* engaged in the practice of dentistry?	A. We are of opinion that a duly qualified dentist need not necessarily be in business on his own account. If a person is discharging the duties of a dentist, and really practising as such, he is not disqualified from registration merely because he is acting as assistant to another. But he would be so if his duties consisted merely in rendering assistance to his employer, and not in the independent performance of dental operations.
B. Could a person competent of himself and duly qualified to practise medicine or surgery with dentistry, or	B. We are of opinion that the question whether the name of a dentist seeking to be registered in conjunction

to practise as a chemist and druggist and dentist, but whose name is not on the Medical Register nor on the Register of Pharmaceutical Chemists or of Chemists and Druggists, be said to be *bonâ fide* engaged in the practice of dentistry in conjunction with either medicine, surgery, or pharmacy?

C. Assuming that a person qualified as in the preceding clause can be registered in the form mentioned, will such person be disqualified from registration if acting as an assistant only?

D. Can apprentices to chemists practising also dentistry claim to be registered under the Dentists Act as *bonâ fide* practising dentistry in conjunction with pharmacy?

E. Can a person duly qualified to practise dentistry claim to be registered in conjunction with pharmacy on the ground of his practising some form of pharmacy such as homœopathic or veterinary pharmacy?

2. Much misconception having arisen on the part of persons applying to be registered under Clause (C) of Section 6 of the Dentists Act, as to the interpretation to be put on the words of that clause, and application having been made to the General Medical Council to strike off the Dentists' Register the names of persons stated to have made false declarations in connexion therewith, counsel are requested to advise on the following questions:

A. Whether a person can claim to be registered on filling up the declaration as printed in the schedule to the Dentists Act, and nothing more?

B. Whether the General Medical Council can, at the request of persons now registered, omit from the Dentists' Register the words "with pharmacy," or any additional qualification that may have been entered on the Register, if the Council be satisfied that the request for insertion has been made with medicine, surgery, or pharmacy, is or is not on the Medical Register or the Pharmaceutical Register, is quite immaterial. The practitioner in dentistry is to be registered in respect of his dental qualifications only, and the Council need not inquire as to his right to practise medicine, surgery, or pharmacy.

C. The above answer applies to this question. It is immaterial whether the person seeking registration in conjunction with medicine, &c., is an assistant or not, provided he possesses the requisite dental qualifications.

D. We think that apprentices to chemists practising dentistry cannot claim to be registered as *bonâ fide* practising dentistry in conjunction with pharmacy. The 37th section provides for the registration of apprentices and students in certain specified cases, but except in the cases provided for in that section we do not think that apprentices can claim registration.

E. We think it is immaterial what form of pharmacy a person practises, provided he satisfies the dental qualifications necessary for registration.

A. We are of opinion that a person can claim to be registered under Clause C of Section 6 on signing, as prescribed in Section 7, the declaration in the schedule to the Act. The Registrar may, if he thinks fit, require the declaration to be affirmed by a statutory declaration, as provided by Section 7, but nothing more can be required.

B. The General Medical Council can, in our opinion, omit from the Dentists' Register the words "with pharmacy," or any like words, in every case in which they think proper to do so. Such words are, in our opinion, superfluous, and should not have been placed on the Register at all. The through inadvertence or misconception?

C. Can the Council require proof to be furnished of any additional qualification required to be registered, such as the production of any diploma, degree, or licence of any medical or surgical body, college, or institution?

D. In the absence of such evidence has the General Medical Council power to remove the words "in conjunction with medicine," &c., from the Dentists' Register?

Register should, in our opinion, contain the names of the practitioners, with any dental diplomas or qualifications to which they may be entitled, but should not contain any reference to their qualifications or practice either in medicine, surgery, or pharmacy.

C. We think that the only additional qualifications which should appear on the Register are those which express or imply fitness to practise dentistry (Section 11, Clauses 2 and 6). If a candidate for registration desires to have such additional qualifications registered, we think that the Council can certainly require proof of such qualifications by the production of the necessary diploma, degree, or licence.

D. We have already said that we think that the Council have full power to remove from the Register the words "in conjunction with medicine." We think further that in any case in which the Register contains incorrect statements of a dentist's qualifications, the incorrect statement may, under Section 13, be erased.

FARRER HERSCHELL.
Temple, Dec. 14th, 1880. MONTAGUE MUIR MACKENZIE.

With respect to the Reports by the Dental Committee and counsel's opinion, the Executive Committee thought that it might facilitate the action of the Council if it instructed Mr. Ouvry, the Council's solicitor, to indicate some of the results which appeared to follow from the advice given by counsel, as affecting the facts stated in the Reports.

On the motion of Professor TURNER, seconded by Dr. PITMAN, it was resolved that Mr. Ouvry's remarks should be placed upon the Minutes. They were as follows:—

"These Reports deal solely with facts, and the finding of the Committee as to such facts is, by the Dentists Act, conclusive on the General Council. The General Council has therefore to consider whether the facts so found call upon the Council in any of the cases under consideration either (1) To remove the names from the Dentists' Register; or, (2) To amend the entries in the Register with respect to such names. The great majority of the cases included in these Reports are those in which persons are registered on declarations made by them that they were practising dentistry with pharmacy, or with medicine or surgery, and in each and every case the facts are found by the Dental Committee. A distinction is made between those cases wherein the persons are either on the Pharmaceutical Register or on the Register of Chemists and Druggists, and the cases of those whose names do not appear in such Registers, but who still practise pharmacy in some form or other. The Dental Committee find no fraud in any of these cases. The Council will therefore have to consider whether, in the absence of fraud, the names of such persons should be struck off the Register, even if the Council should (1) Consider that such persons had inaccurately described themselves as practising pharmacy, medicine, or surgery; or, (2) Assuming it to find that such inaccuracy existed, should amend the Register by striking out therefrom the words 'with pharmacy,' 'with medicine,' or 'with surgery,' as the case may be. In determining these questions, the opinion of counsel has an important bearing. It will be seen that counsel express the opinion that the additional words above referred to are superfluous, and should not have been placed on the Register at all; and, further, that the Council has power to amend the Register by striking out such superfluous words. In fact, the opinion is that the Dentists' Register should contain the names of the practitioners, with any dental diplomas or qualifications to which

they may be entitled, but should not contain any reference to other qualifications or practice in either medicine, surgery, or pharmacy; and that whether the name of a dentist seeking to be registered in conjunction with medicine, surgery, or pharmacy, is or is not on the Medical, Pharmaceutical, or Chemists and Druggists' Register, is quite immaterial. The practitioner in dentistry is to be registered in respect of his dental qualifications only, and the Council need not inquire as to his right to practise medicine, surgery, or pharmacy. It is further advised by counsel that a duly qualified dentist need not necessarily be in business on his own account, and that if a person is discharging the duties of a dentist, and really practising as such, he is not disqualified from registration merely because he is acting as assistant to another; but he would be so if his duties consisted merely in rendering assistance to his employer, and not in the independent performance of dental operations. This opinion of counsel on these several points may probably lead the Council to consider whether going beyond the names included in the reports of the Dental Committee the whole Register does not require to be amended, by striking out all reference to pharmacy, medicine, or surgery, allowing only the dental qualification to remain."

Dr. HUMPHRY said, for the purpose of taking practical action upon what had been presented to them, he had given notice of motion to the following effect: "That all qualifications now appearing in the Dentists' Register other than dental qualifications be erased therefrom." Anyone could be registered who at the passing of the Act was *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy; and as the Council thought in accordance with the clause of the Act, it issued a schedule differing somewhat from the schedule under the Act, and containing the following rider—"Is at the passing of this Act *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy." That schedule went forth into the world. They had now taken counsel's opinion, and it was to the effect that the Register was as stated in the Act, a Dentists' Register, and meant that and nothing more, and that they had no right to require anything more, or to insert anything more in the Register. That appeared clearly in counsel's opinion, and also in the statement made by Mr. Ouvry. It seemed perfectly clear that there never should have been any entry in the Register except those relating to dentistry. Then came the further question whether they should expunge those entries from the Register; it was clear that they had the power to do so, and to amend the Register by striking out these additions, and it seemed very important that they should do, for it would put an end to all questions which had arisen in such a large number of cases, as to whether persons were properly entered in the Register, or whether they had by misconception or by fraud added the words, "in dentistry, in medicine, and surgery." It was very important that the Dentists' Register should contain dental qualifications and no other, and for this reason, that they had no right to inquire whether those other qualifications were legal or not. He begged to move the resolution of which he had given notice.

The resolution was seconded by Dr. FERGUS.

Dr. MACNAMARA said, while agreeing with all that had fallen from the lips of the proposer of the resolution, he wished it to be understood that he did not subscribe to the doctrine, if that was involved in the statement they had heard, that the Council would go quite far enough by carrying this resolution, because unquestionably there were some men who had got on the Register by stating that which was absolutely false—they had obtained the titles "with medicine and surgery" through fraud, and with a declaration that they were practising dentistry in connexion with pharmacy, or surgery, or medicine. There were several cases where persons appeared on the Register as practising dentistry in connexion with medicine when they knew they were not, and now they wished to have their names taken off, stating that it had been done through inadvertence. How could they be so stupid as to practise dentistry "with medicine" when they knew they were not doing so; and now when they absolutely cried *peccavi* were they to escape any punishment whatever for making that which was a false assertion?

Dr. QUAIN said that the Dental Committee had found that there had been no fraud in any one case referred to by them.

Dr. AQUILLA SMITH observed that Mr. Macnamara had entirely misread the words of the motion. He had assumed that some of these men had acted fraudulently in getting their qualifications. The Council had nothing to do with that, the motion was simply to strike out the qualifications, and if the fraud was committed the names would remain on the Register, and they would be just as open to penalty and erasure hereafter. It would be a great waste of time to inquire how these qualifications were put on; the simple fact was that they were on the Dentists' Register, and counsel had distinctly advised that they should be removed.

The PRESIDENT said the motion before the Council was that the Dentists' Register be amended by removing from it all other than dental qualifications. That had no relation to individual cases which came before them in another category. They were not discussing whether persons were guilty of fraud, because that was entirely beyond the province of the Council. The law was that a committee was to judge as to the facts of the cases, and to submit them to the Council. It was for the Council to decide what should take place upon those facts, but they could not discuss the guilt or innocence of persons who had been adjudged by the committee not to be guilty of fraud.

Mr. SIMON asked whether the Council had no opportunity of judging whether the facts submitted to them constituted fraud.

Mr. OUVRY said the committee had investigated the facts. They had communicated with each of the gentlemen referred to and had received their answers, and they found as a fact that their declarations were not made fraudulently. He took it that that fact was binding on the Council just as any other fact found by the committee would be. If it were not so the Council would have to investigate the thousand letters that he had received from those gentlemen, and to found their opinion upon them as to whether they had made their application from a mistake or from actual fraud.

Sir WM. GULL, in supporting Dr. Humphry's motion, said it was quite beside the question to add any qualifications in the Dentists' Register as to a man's practising medicine, or surgery, or pharmacy. They might just as well insert that he was a farmer or a hairdresser, and so make the Register look ridiculous. They must therefore leave out all qualifications except such as related to dentistry.

Prof. TURNER said no doubt Dr. Humphry's motion would enormously simplify the Register, and their excellent Registrar would be only too delighted to have this burden removed from his shoulders. He, however, could not help, without in the least throwing any doubt upon the Council, inquiring why the words "Or in conjunction with the practice of surgery, medicine, or pharmacy" were put into the Act. There was an expression in a letter from Mr. Tomes which they ought not to pass over. Mr. Tomes was the moving spirit in the framing of this Bill, and it was under his auspices that the Bill was introduced. There was no doubt at all, from an expression in the letter, as to what was in Mr. Tomes' mind when the words "Either separately or in conjunction with medicine, surgery, or pharmacy" were introduced into the Bill. Mr. Tomes said, "The end might be gained by the use of an initial letter or by an asterisk; but it would be far better to use for the purpose the words of the Act—viz., 'In practice before July 29th, 1878, in conjunction with pharmacy, or medicine, or surgery, as the case might be,' and this would, at the same time, carry out most perfectly both the letter and spirit of the Dentists Act." From those words it was obviously in the mind of Mr. Tomes that there should be some indication in the Dentists' Register bearing on these matters. Why, then, were they put in the Act, unless they were to be brought permanently forward in the Dentists' Register? What information had the Medical Council on this question as to whether a person applying to be registered under Clause C was simply a dentist, or was a dentist and something more? They could have no information unless they asked for it, and it certainly seemed as if by the clause in the Act they were required to ask for it. If not, he could not understand why the alternative proposition was put into the clause.

Dr. SCOTT ORR said they could not ask what people meant in framing an Act of Parliament. The Council was no doubt desirous of registering higher qualifications than dentistry, and passed a resolution to that effect, which he had certainly opposed. Now that counsel's opinion had been given to the effect that they could only register dental qualifications, they must undoubtedly act up to that opinion.

It being four o'clock, the discussion was adjourned for a

short time in order that the Council might deal with the case of Mr. John Hamilton, of 404, Oxford-street, who had been summoned to appear before them at that hour. The facts of the case are contained in the Report of the Dental Committee. Mr. Hamilton did not appear, and the Council, deliberating in private, resolved to erase his name from the Register.

Dr. STORRAR, in resuming the discussion upon Dr. Humphry's motion, said Professor Turner had made an allusion to the wishes and intentions of Mr. Tomes and the Association with which his name was identified. Mr. Tomes was a personal friend of his own; he knew his feelings upon this subject, and he felt that knowing them he ought to state those views, and the views of those with whom Mr. Tomes was associated as far as he could. Their great desire was to raise the position of their profession and to purge out a number of loose persons whom they knew took refuge in the profession of dentistry. At the same time it was their great wish not to be so limited as to exclude persons engaged as pharmaceutists, and who were to a certain extent practising as dentists. They found, when the period came for registration, a perfect rush of persons—he believed he should not be wrong in saying that more than double the number of persons presented themselves for registration than had been expected by Mr. Tomes and his coadjutors. Persons came forward and got themselves registered as dentists merely for the purpose of escaping being summoned on juries. Mr. Tomes and his friends not unreasonably thought that if persons declared themselves to be practising as dentists along with pharmacy, and their names did not appear on the Register of the Pharmaceutical Society, that would be a fair *primâ facie* ground for their removal. But the schedule which described the form of application did not carry out that intention, and the result was no doubt inevitable. It occurred to him whether it might be possible for the Registrar to make more ample use of the statutory declaration which it would be in his power to impose. There were many men who would come forward to sign an ordinary declaration such as the one contained in the schedule, who would probably think twice before committing themselves to a statutory declaration.

Dr. QUAIN said he quite agreed with the praise that Dr. Storrar had accorded to Mr. Tomes and his good intentions. The Council had nothing to do with intentions; they had only to deal with the Act of Parliament before them, and nothing could be clearer than the opinions expressed by those whom they have consulted. Mr. Tomes and his friends had tried impossibilities; they had tried to induce Parliament to say that a man should be engaged separately as a dentist and nothing else. Parliament would never consent to such a law as that.

Dr. HUMPHRY said, in reply, that he was glad that the Council had endeavoured to carry out the spirit of the Act in accordance with the intentions of those who framed it, and that they had acted when they made their first Dentists' Register in accordance with these intentions. There was, however, this consolation to be taken, that as time went on these evil things would gradually become less and less, and that ultimately, after the lapse of a certain number of years, those only would be admitted to the Register who had a qualification obtained from some of the medical authorities. It had been pointed out that the words of the resolution required some alteration. He would propose to alter the resolution in this way: "That all statements with reference to the practice of medicine and surgery and pharmacy now appearing in the Dentists' Register be erased therefrom." It did not alter the intention of the resolution, but simply put the words in a somewhat different form.

Dr. FERGUS agreed to the alteration; and if the Council would permit it it would more fully express their intentions.

The resolution as amended was put to the Council, and agreed to.

Dr. PITMAN moved, "That the Council is not in possession of evidence to show that any of the registered dentists named in the 'corrected list of persons' submitted by the honorary secretary of the British Dental Association (set forth in pp. 245 to 248 of vol. xvii. of the Council's Minutes), or of the registered dentists named in the letter of Dr. Jacob (Minutes, vol. xvii., p. 256), were not, at the time of their registration, *bonâ fide* engaged in the practice of dentistry, and is therefore not prepared to order the removal of any such person from the Dentists' Register." He said that the Council could scarcely pass any opinion on the facts set forth by the Dental Committee, but they must accept, and he hoped would accept, the motion which he proposed.

The resolution was seconded by Dr. AQUILLA SMITH.

Mr. SIMON said the form of the resolution did not refer to the preceding Report of the Dental Committee, upon which it was founded.

Dr. PITMAN said if they read the Report they would find it went fully into every question, and gave reasons for believing that the applications were not fraudulently made.

Dr. QUAIN said there was no evidence that any one of these men had obtained registration except on a declaration that he was *bonâ fide* engaged in the practice of dentistry, and the registrar registered no one who did not produce evidence to him which he deemed sufficient to show that he was *bonâ fide* engaged in the practice of dentistry. Therefore, until it was proved that he was not *bonâ fide* engaged in the practice, everyone of these persons must remain on the Register.

The PRESIDENT stated that the notice of motion had been drawn up with great care by the solicitor, and it was a statement, as far as it went, of that which the committee had in evidence, but it did not extend further. The committee had been very careful to state nothing beyond the facts which they had in their possession.

Mr. MACNAMARA said that any resolution which would sanction the retention of some of the names returned on the Dental Register could not meet with his approval. He wished to know if all the names printed in the Report were covered by the resolution. ("No, no.") What names, then, were? Mr. Simon had asked the question, and the answer was not at all satisfactory. He desired to have a clear, distinct statement as to what names were covered by the resolution.

Dr. PITMAN said the resolution referred to two lists set forth in pp. 245 to 248 of vol. xvii. of the Council's Minutes.

A few additional suggestions having been offered the resolution was eventually agreed to in the following form:—"That the Report of the Dental Committee not having put the Council in possession of evidence to show that any of the registered dentists named in the 'corrected list of persons' submitted by the honorary secretary of the British Dental Association (set forth in pp. 245 to 248 of vol. xvii. of the Council's Minutes), or of the registered dentists named in the letter of Dr. Jacob (Minutes, vol. xvii., p. 256), were not, at the time of their registration, *bonâ fide* engaged in the practice of dentistry, the Council is therefore not prepared to order the removal of any such persons from the Dentists' Register."

Dr. HUMPHRY moved "That the persons mentioned in Clause 5 of the Dental Committee's Report as having been actually removed from the Register at their own request, be, on their application, restored to the Register without fee, subject to the discretion of the Executive Committee as to the grounds on which their names were so removed." On reference to the Report it would be seen that the persons referred to were, first, those who had withdrawn their names in consequence of receiving threatening letters from the secretary of the British Dental Association. Those threatening letters had reference to the fact of their having registered as pharmaceutists without being on the Pharmaceutical Register; secondly, persons who had discontinued the practice of dentistry and pharmacy; thirdly, those who had withdrawn their names through misapprehension; and, fourthly, chemists' and druggists' assistants. The majority of these had withdrawn their names in consequence of a misapprehension into which they were led by the Council's schedule, and under those circumstances it was only right that they should, on application, be allowed to have their names restored without fee. The Council had decided that five shillings should be paid for such restoration, but under the circumstances of the present case he proposed that the names should be restored without payment of any fee, "subject to the discretion of the Executive Committee as to the grounds on which their names were so removed." The legal opinion in regard to chemists' and druggists' assistants or managers was, "We are of opinion that duly qualified dentists need not necessarily be in business on their own account." It was manifest, therefore, that all these persons had withdrawn their names under a misconception which was in part shared by the Council, and it was only reasonable that they should be allowed, if they so desired, to have their names restored to the Register, subject to the discretion of the Executive Committee.

Dr. QUAIN seconded the resolution.

Dr. AQUILLA SMITH regretted he could not vote for it. He quite admitted that those gentlemen withdrew their names under a misapprehension, but the Act said that the name of any person erased from the Dentists' Register at his own request or with his consent might be restored to the Register on his application and payment of a fee not exceeding the fee fixed by the Council; that fee was five shillings. No mention was made in the Act whatever as to the circumstances of the withdrawal, and unless the standing order relating to the fee was rescinded he did not think the motion could be agreed to.

Dr. FERGUS said the power of fixing the fee was in the hands of the Council, and therefore he could not see why they could not dispense with it in the present case.

Mr. SIMON said their present position was a somewhat humiliating one, but if they had led other people into error, of course it was desirable they should endeavour, so far as they could, to remedy it. He suggested that if it was thought fit to pass the proposed resolution some words should be added, such as the following: "And the grounds on which registration is claimed." It should be left open to the Executive Committee to review the cases. Of course, if the Council was responsible for these names being taken off the Register when they ought not to have been there should be no charge for reinstating them.

On the motion of Dr. AQUILLA SMITH, the standing order referring to the fees was suspended for the time being, and the resolution was agreed to, with the addition of the words suggested by Mr. Simon.

Dr. AQUILLA SMITH proposed, "That no evidence has been adduced to justify the removal from the Register of the name of Christian Friedrich Wilhelm Ackermann, whose case is set forth in Clause 17 of the Dental Committee's Report."

Sir JAMES PAGET seconded the motion.

Mr. MACNAMARA said this was one of the cases to which he must object. The Council was a deliberative assembly, and surely they were not going to proclaim to the world that dental surgery and dentistry consisted of nothing but the extraction of a few teeth, and that a man might be a dentist whose occupation seemed to be dressing hair and whose wife kept a tobacco-shop. In the interests of the dental profession and of surgery he most earnestly protested against the retention of such a person's name on the Register.

Dr. QUAIN said he thought Mr. Macnamara had seen those two persons, and must have noticed their intelligence and truthfulness. One of them had been engaged for three years in connexion with the German hospitals and the German army, and his father practised as a dentist before him. The person referred to in the resolution said, on being questioned, that he had pulled out six hundred and twelve teeth last year, and the impression left on the mind of the Council appeared to be that they would much rather have him extract their teeth than many of those whose names had been left on the Register. What was dentistry? It was true that dentistry had now extended to stopping and scraping teeth, but the reputation of the celebrated Cartwright himself was entirely founded on the pulling out of teeth. The men to whom Mr. Macnamara objected to were apparently men of great intelligence, and he could not, and would not, vote for their names being omitted.

Mr. SIMON trusted that Dr. Aquilla Smith would see his way to alter the form of the resolution, and let it read to the effect that the Council was advised that there did not exist a legal case for removing these gentlemen from the Register. It would be quite consistent to say that no evidence had been adduced justifying the removal of the names. The Act considered that it was expedient that provision should be made for the registration of persons specially qualified to practise as dentists, and he could not conscientiously say that there was any reason to remove the name of a man because he merely extracted teeth. He bowed unreservedly to the legal opinion, but he hoped the resolution would be so framed as to show that the Council was simply acting mechanically in obedience to the law. He would suggest that the resolution should read, "That no legal case exists for the removal," &c.

The PRESIDENT considered the word "evidence" bore that signification.

Mr. SIMON thought that evidence in a medical sense had been adduced, but in a legal sense it had not.

Dr. AQUILLA SMITH said the persons had answered in a very straightforward way the questions put to them, and the conviction of the Council was that they were more competent than many whose names were retained on the Register. He did not object to Mr. Simon's suggestion.

Sir WILLIAM GULL said he should be sorry if it went forth to the world that they as medical men had decided that dentistry was nothing but extracting teeth; dentistry consisted in preserving teeth.

The PRESIDENT said Mr. Ouvry had suggested that the resolution might read, "That on the evidence the Council do not see sufficient legal grounds on which to direct the removal from the Register," &c. That would leave it open to full discussion on medical grounds hereafter.

The resolution so altered was seconded by Sir JAMES PAGET and agreed to, as was also the following resolution:—"That on the evidence the Council do not see sufficient legal grounds on which to direct the removal from the Register of the name of August Leopold, whose case is set forth in the Dental Committee's report."

Dr. AQUILLA SMITH then moved, "With regard to Alexander Schocke, mentioned in Clause 19 of the Dental Committee's Report, there is no evidence before the Council on which it can act."

Dr. PITMAN seconded the motion.

Mr. OUVRY said that the person referred to had shut up his shop, and could not be summoned to attend; but he had gained courage, and reopened his shop.

The PRESIDENT said a new procedure was necessary under those circumstances, but at present there was no evidence which the Council could act upon.

The resolution was agreed to.

On the motion of Dr. PITMAN, seconded by Dr. AQUILLA SMITH, the following returns were entered on the Minutes:

Table showing Results of Professional Examinations held in 1880 for Qualifications granted under the Dentists Act.

Name of Licensing Body.	Diplomas.	Nature of Examination.	With Curriculum.		Without Curriculum.		Total.	
			Number Rejected.	Number Passed.	Number Rejected.	Number Passed.	Number Rejected.	Number Passed.
Royal College of Surgeons of England.	Licence in Dental Surgery.	Written, Practical, and *viva voce*.	1	17	0	1	1	18
Royal College of Surgeons of Edinburgh.	Licence in Dental Surgery.	Written and Oral.	0	1	0	4	0	5
Faculty of Physicians & Surgeons of Glasg.	Licence in Dental Surgery.	Written, Oral, and Practical.	0	0	11	23	11	23
Royal College of Surgeons in Ireland.	...	...	0	0	8	47	8	47
University of Harvard.	D.D.M.	Written & Practical.	5	11	0	0	5	11
		Totals...	6	29	19	75	25	104

The Council then adjourned for a short time, and on their return the Minutes of the previous meeting were read and confirmed.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 12, 1881.

DR. JAMES GREY GLOVER—whose name has for many years past been prominently associated with the question of Medical Reform, and who may be held to speak in the name and to represent the interests of the great body of general practitioners—has published a letter addressed by him to the Right Hon. A. J. MUNDELLA, M.P., Vice-President of the Council. Dr. GLOVER'S object is to urge upon the Government the need of prompt action, either by the adoption of a substantive proposal to Parliament, or by the reappointment of a Select Committee, with a view to the adequate solution of the vexed questions of medical education and the registration of professional qualifications. The "letter" puts the issue so clearly and tersely, that we let it speak for itself.

"Legislation contemplated by medical reformers has two principal objects. One of these is the improvement of the examining machinery for licensing persons to practise the medical art in all its branches. The second is an improvement in the constitution of the General Medical Council of Education and Registration, by which it shall be made more effective as a council; firstly of medical education, and secondly of medical registration. 1. As you are doubtless aware, owing to the one-sided nature of the medical corporations at present, nearly all the diplomas given by the bodies are only half diplomas, half qualifications, and for giving even these there is among nineteen bodies a certain amount of injurious competition, so that it is notorious that persons rejected in one part of the kingdom find easy entrance to the profession in another; or, rejected by a university, find ready admission into the profession through a corporation. These half diplomas admit to the Register, and, as a matter of fact, large numbers of practitioners have paid a great price for this imperfect document—a price for which they should have obtained a complete diploma. By the existence of such a system of half qualifications two parties are injured—the practitioner who finds himself legally unqualified for half his duties by the one-sided nature of his diploma, supposing him to have but one, and the public, who have not in such diplomas the guarantee of competence in all essential subjects of medical knowledge which a licence should imply. . . . . 2. The reform of the Medical Council is the other and very urgent demand of a great majority of medical men, expressed in several great memorials to the Government and the Medical Council. The Medical Council exists chiefly for the purpose of controlling the education of the general practitioners of the country, and these practitioners have no direct representatives on it. Of twenty-three members of the Council, seventeen represent the educating and examining bodies, and are committed to the defence of the interests of these bodies, several of which are admittedly useless, and unfitted for further work. The remaining six members of the Council are nominated by Her Majesty, with the advice of her Privy Council. There is, besides these, a President, chosen by the Council. At the time of the passing of the Act of 1858, there was an understanding that the Crown appointments would be made out of the rank and file of the profession, which would have secured the representation of the body of general practitioners. Unfortunately, with one or two exceptions, gentlemen have been chosen for these appointments who are officially connected with medical schools or corporations, and so have only intensified the representation of pecuniary 'interests' in the Council. Thus it has come to pass that after twenty-two years' existence, and a very large expenditure of money, medical education is still in a very costly and inefficient state. Until the appointment of the Select Committee successive Governments had no opportunity of learning how this Medical Council did its work, or rather did not do it. Some light was then let in on its costly debates, constantly recurring on the same subjects, and only ending in recommendations, not binding on the educational or examining bodies. But the dissolution of Parliament, unfortunately, dissolved the Committee, and the eyes of all medical reformers are looking for its reappointment, or for legislation calculated to remedy the evils which have been exposed."

This very fairly states the present position of affairs, and may be accepted as representing the view taken of the situation by the profession at large. No measure can be satisfactory which does not in some way provide for the improvement of medical education. We have had, and the public has had, a sufficiently long experience of self-government by privilege. The licensing bodies have been supplied with a legally-created opportunity of improving themselves, and they have found their enjoyment in trifling with the intentions of the Legislature and the wishes of the profession and the community. They have been encouraged in this pastime—which SCHLEIDEN defined as waste of time—by the organisation so singularly misnamed "The Council of Medical Education." There is no time for further trifling; the period for action has arrived. "Priusquam incipias consulto, et, ubi consulueris; mature, facto opus est." There has been overmuch consultation; it is now necessary to *do* something. Ministers of the Crown and members of Parliament having no personal interest in the question of medical reform, or not recognising the intensely personal interest which every member of the population undoubtedly has in the subject, are asking whether medical reform will advantage the cause of public health, or provide better treatment for laymen in the hour of sickness? These are precisely the ends we seek to gain. If any member of Parliament broached the subject of medical reform in a private gathering of medical men, or proposed the question to his own medical attendant, he would receive the impression that it was *not* a burning question. This is one of the most significant facts about the movement, and it ought at once to convince statesmen that the action pressed upon them is demanded on public grounds, and those almost exclusively. In short, the profession is not asking something for itself. It matters little or nothing to the existing body of practitioners, in any personal or pecuniary sense, whether the medical man of the next generation is improved, or where or on what terms their successors in practice obtain their licences. There will be just as many quacks and ill-qualified practitioners after this question has been settled as exist now. What we want is to secure that the officially licensed, and so to say hall-marked, shall be in *fact* what they call themselves. The public must ever remain free to indulge its privilege of being maltreated at pleasure, but the risk run should be incurred with a knowledge of the danger. The crying evil

against which Dr. GLOVER and medical reformers generally inveigh is the wilful—we had almost said wanton—perpetuation of a state of things in which the legal definition of "surgeon" or "doctor" may imply anything from scientific learning to conspicuous ignorance of the science and art of healing. We protest in the name of common prudence and the interests of the public and personal safety against a state of the law which allows young men who are plucked by one set of examiners to go directly and pass before another, in some instances positively coming back and obtaining *ad eundem* a qualification for which they have been pronounced incompetent. Is this satisfactory to the public? Cannot Ministers understand that facts like these are conclusive in spite of the apathy of individual members of the profession to whom they address themselves, and who, having secured the respect of their own *clientèle* by personal talents, are either too busy or too careless to contend for a reform in which they have no immediate interest.

The point we desire to bring out—and we have a special reason for enforcing it—is that the present demand for medical reform is in no sense a selfish or class movement. The profession has very little, if anything, to gain by it. The public is generally interested in the issue raised, and the concern of the profession is based on a desire for the progress of science and the advantage of the general health. The skill at the disposal of the community *will* be greater if the law affecting medical education is recast so as to be compulsory instead of permissive. As Dr. GLOVER very forcibly puts the case, the opposition to reform evinced by the licensing bodies is not surprising; on the contrary, it "is natural, and *constitutes an argument in its favour*. Old corporations are not generally parties to their own reform. They cannot be expected to do so here, neither can the Medical Council, which is a conglomeration of old corporations." This is the gist of the matter. The Legislature made the mistake in 1858 of entrusting the reform of medical education and the readjustment of the licensing power of the several examining bodies to a Council which represents not the profession or the public, or professional or public interests, but the universities and corporations and their interests. It was inevitable that matters should go on precisely as they have proceeded, to stagnation. The resultant of the nineteen forces combined has been a force known as the *vis inertiæ*. A party of convicted offenders have been Royally commissioned to consider their own penalties for the offence of neglecting golden opportunities of serving the profession and the public. They have elaborately considered and reconsidered the question for more than twenty years, and they would like to pursue the inquiry indefinitely, assembling in solemn conclave, and wasting money and time as occasion offered until the crack of doom! Meanwhile the public safety is disregarded, and medical education does *not* improve. Medical reformers, of whom Dr. GLOVER is a fair specimen, are seeking to press this significant version of the facts on the attention of the Government and the Legislature, and on public opinion. It is the true version, and we trust it will be accepted. If a statesmanlike policy animates the party in power it must be sooner or later, and if the community could only see the facts as we see them it would be convinced that this is not a question which can be prudently postponed.

LAST week, in reply to a question by Dr. FARQUHARSON, Mr. TREVELYAN stated that the scheme for the reorganisation of the Naval Medical Department had been virtually settled, and that its promulgation was delayed only until some minor points had been arranged with the Treasury. His explanation, however, was characterised by that hazy vagueness which so often distinguishes official announcements. "Ever since 1854 it has been understood that the pay and position of Naval medical officers shall be 7 per cent. better than the pay and position of Army medical officers, in order to counterbalance the advantages of the two services," and on this principle the new scheme is to be based. We confess our inability to understand, and we doubt Mr. TREVELYAN's power to explain, in what manner the 7 per cent. scale of improved position is to be estimated, and we also note an absence of any allusion to the other prominent grievances under which the Naval medical officers labour. There is nothing said of the introduction of a new grade corresponding to that of Brigade Surgeon in the Army, nor of the intention to give practical effect to the right of choice of cabins according to date of commission, and a suspicious silence is observed as to the five years' service in the rank of Deputy Inspector, before being eligible for promotion. The 7 per cent. higher pay than in the Army was, we believe, introduced, and probably is now continued, to compensate for the compulsory half-pay to which the officers are liable when ships are paid off. But, as we have before pointed out, this is far from an equitable mode of remedying the evil. Under such a system the fortunate medical officer who has friends at the Admiralty may get considerably more than his fair share of compensation, while the unlucky man who has no interest at headquarters may have the mortification not only of having to wait an undue time before being again brought on full pay, but of knowing that another is enjoying what was intended to counterbalance the inequalities of the service. If the proposed scheme be adopted, the only mode of preventing injustice would be to keep a strict roster for re-employment of the officers compulsorily placed on half-pay.

But Mr. TREVELYAN added that "successful candidates will receive full-pay as surgeons from the moment of entering the service." Here, again, is the usual vagueness. Does he mean that surgeons on probation at Netley are to receive full-pay instead of eight shillings a day, as the Army and Indian probationers? or may this be supposed to foreshadow the abolition of the grade of probationers for the Naval service, and of the course of instruction at Netley? If the former, we shall not be long before hearing of discontent in the military services at the unequal treatment, and the favour shown to Naval candidates placed at Netley under exactly the same conditions as themselves. If the latter, we can only say that the Admiralty are about to inflict a very serious injury upon the Naval service generally and upon the medical officers individually. The advantage to the sailors of having the medical officers, before they are called upon to take up their important duties, thoroughly trained in all matters relating to the preservation of health and efficiency and the prevention of disease, must be obvious to all who have any practical acquaintance with the subject. The young medical officer must either acquire this special knowledge at Netley, or gain it at the expense of the unfortunate fellows entrusted to his care, as was the case

under the old system before the school at Netley was established. The withholding of this training will materially affect the efficiency of the medical officers during the earlier period of their service, thereby inflicting injustice on our sailors and expense on the country. We still feel it to be our duty to advise candidates to withhold their applications till the conditions of service are published, or they may not improbably find that they have sacrificed position, comfort, and self-respect for a mere increase of pay. Meanwhile, if Mr. TREVELYAN has any doubts as to the value of the special instruction given at Netley, we would recommend him to study the evidence given on the subject before Lord HERBERT'S Commission, and to consider well the wise and humane views entertained by that distinguished statesman and philanthropist.

THE feeling of the medical profession in reference to the Dentists Act and the Dentists' Register, and especially in reference to the readiness with which the General Medical Council undertook the administration of the Act, has always been one of great humiliation and regret. As an illustration of this we may refer our readers to Mr. CATTLIN'S address in another column. That feeling will be intensified by the Report of the proceedings of the Council at its one day's sitting of Thursday, the 3rd inst. The Council, it will be seen, was entirely in the hands of the lawyers. In Mr. SIMON'S apt words, "they bowed unreservedly to legal opinion, but he hoped the resolution would be so framed as to show that the Council was simply acting mechanically in obedience to the law." This "bow to the law" is indeed unreserved. Let us see what were the doctrines bowed to so meekly and without an attempt at resistance by the distinguished gentlemen constituting the Medical Council. Our readers will remember the deluge of dentists, or professed dentists, which succeeded the passing of the Act. The number registered on August 1st, 1879, was 5289, double that which was contemplated by the gentlemen who so confidently undertook this piece of legislation. Of this number 483 had licences in dental surgery from British Medical Corporations! The great majority were admitted to the Register on Section C of Clause 6, which entitles to registration *any person who, at the passing of this Act, was bonâ fide engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.* It was over the use and construction of this clause by the Council that such humble and mechanical "bows" had to be made by Mr. SIMON and his colleagues at the late meeting. It is difficult to say whether the persons registered by the Council or the Council itself were in the greater flutter. The time of meeting was, of course, most inconvenient. The cost of meeting we know, on the authority of the Treasurer, will be four or five hundred pounds. But all this had to be disregarded to settle the great questions arising out of Section C of Clause 6, which the President said affected the accuracy of the Dentists' Register in over five hundred cases. What were these questions? For a full answer to this we must refer our readers to the Report of the meeting, contained in our present impression. We will only here say that they were vital to the respectability of the Register. They were of this kind: What constitutes practice *bonâ fide* as a dentist? Is a man justified in declaring that he is in *bonâ fide* practice as a dentist when, in reality, he is only acting as an assistant to one who is so? Is "pulling out" teeth alone, by the hundred in the year, enough to constitute practice *bonâ fide* as a dentist? Can a man be said to be in practice as a dentist whose primary business is that of hairdresser, his secondary business that of tobacconist, and his third function that of tooth-drawing? Can a man be said to be in practice as a dentist *separately* who practises it in association with such businesses as the above? Can a man be said to be in the practice of dentistry in conjunction with the practice of medicine, surgery, or pharmacy whose name is not to be found on the Medical Register, the Pharmaceutical Register, or the Register of Chemists and Druggists? Finally, is the Registrar acting wrongly in putting into the Register a column describing the calling in connexion with which an applicant said he was practising dentistry? These were great questions affecting the respect to be paid by the medical profession and by the public to the Dentists' Register. We regret to say that the answer given to them all by counsel was exactly the opposite of that which, we presume, the framers of the Dentists Act hoped and expected, and, worse still, that the Medical Council accepted with scarcely any demur the decision of counsel. Thus the Register is to remain unpurged. The Council have resolved to keep on the names of hundreds of persons which have been challenged by the "British Dental Association," and they have the appearance of accepting the doctrine that men are to be considered in practice as dentists who were essentially hairdressers, and in practice as chemists, in spite of not being on any legal register of chemists, and not even in business as chemists.

This is, indeed, a humiliating position for a great Council of Medical Education to have come to. It has revived the race of barber-surgeons, which we had thought extinct. Mr. SIMON somewhat ingeniously, and with a dash of severity, threw the blame of all this on the promoters of the Dentists Act, who, he said, no doubt thought they were securing that the new race of dentists were to be men in *bonâ fide* practice first, either as dentists *separately*, or actually registered as dentists, in connexion with medicine, surgery, or pharmacy. But are Mr. SIMON and Dr. QUAIN quite right in shifting the blame of all this carelessness on the promoters of the Dentists Act? Is it not a fact that the clauses under which the deluge has happened were taken from the Lord President's Bill? Is it not a fact that this was done at the suggestion of the Medical Council? and that the Medical Council gave to this great subject only a fragment of time, and in this fragment expressed its willingness to accept the Bill, containing the clauses, amongst others, which have worked to the production of such a loose and worthless Register. The Council may well bow, not only mechanically, but morally, under such a responsibility.

VAGINITIS EXFOLIATIVA, or exfoliation of the epithelial lining of the vagina, is not an affection frequently observed; yet several cases of it have been recorded, and in some of these it was associated with membranous dysmenorrhœa. In a paper in the current number of the *Archiv für Gynakologie* Dr. COHNSTEIN describes an interesting case of this

disease which was associated with severe dysmenorrhœa, but apparently not of the membranous kind. The chief interest of the paper, however, lies not in this case, but in the part of it devoted to membranous dysmenorrhœa, and more especially in the attempt therein made to explain the etiology of this form of menstrual disorder. Like most disorders of which we possess little real knowledge, membranous dysmenorrhœa has been the occasion of much theorising, rather more theorising than observing—some of it baseless and purely fanciful, and some of it with a show of reason. The attempt made in the paper referred to is quite refreshing in these days, when attention is concentrated upon local changes and mechanism, for it looks for the cause of the disease, not in the uterus or ovaries themselves, but in the general conditions of the system. Indeed, the author maintains that membranous dysmenorrhœa is not the result of local changes but of general disease. In support of this view he brings forward, in the first place, reasons for not regarding membranous dysmenorrhœa as a local affection. They are:—1. In by far the greatest number of cases of metritis, chronic catarrh of the uterus, tumours, &c., there is no expulsion of membranes. 2. Women who present no discoverable change in the sexual organs suffer from membranous dysmenorrhœa. 3. Of sixty-two cases collected, the author finds general disorders three times more frequent than local disease. 4. Cases are known in which a decidua menstrualis has been extruded without suffering. Such cases indicate that a general cause brings about the condition, and dysmenorrhœa is often only incidental. 5. Local treatment of membranous dysmenorrhœa is usually not followed by any good result; sometimes it produces more evil than good. Having given the above reasons for regarding dysmenorrhœa membranacea as not the result of local change, the author proceeds to give his reasons for believing in a causal connexion between hysteria and the disorder, and they are the following:—1. The frequent coincidence of a slight degree of hysteria with nervous dysmenorrhœa. 2. Dysmenorrhœa membranacea is not rarely associated with hereditary troubles. 3. In the course of hysteria the most various anomalies of secretion and excretion occur. 4. The occasional complete disappearance of the membrane, and its return after longer or shorter intervals; such irregularity cannot be due to a disorder of the genital organs. 5. The vaginismus and the suffering lasting through or only coming on during the intermenstrual interval, without apparent disease of the sexual organs. 6. In sixty-two cases collected by the author, in twenty the expulsion of membranes was said to be due to a local cause, while in forty-two it was ascribed to general disorders—as hysteria, anæmia, chlorosis, chronic dysentery, &c. Heartily sympathising as we do with the author in his attempt to elucidate the etiology of membranous dysmenorrhœa by having recourse to a wider base than the sexual organs, yet we cannot help feeling that with two exceptions the two sets of reasons given—those against regarding the disease as of local, as well as those for regarding it as of general origin—have no bearing upon the question. They prove nothing. The two exceptions are:—1. Women who present no discernible change in the sexual organs suffer from membranous dysmenorrhœa. Had we been able to state that women who present no change suffer, the author's first position would be proved, but it is well known that our means of investigation can discover only very coarse changes, while many even of these elude our search. 2. Were it true that two-thirds of the cases are due to general conditions, the author's second position would be a just inference—that is, that membranous dysmenorrhœa is due to general conditions. But, as a matter of fact, the general conditions presented by two-thirds of the cases were not those now described as the causes of the affection. In some of them, it is true, they may have been so described, but by no means in all. So long as our knowledge of the physiology of the female sexual organs remains in a state of uncertainty and doubt, we cannot expect that the pathology of the same structures will be better understood. The investigation both of the physiology and pathology of these organs is surrounded with peculiar difficulties, and this may be excuse enough for some theorising upon them; but we feel sure that we cannot arrive at a correct pathology until we arrive at a correct physiology, and any theory of the pathology or etiology of the uterus and ovaries which does not start from physiology will prove true, if at all, by accident only. Here we think Dr. COHNSTEIN has erred, and consequently missed his mark. We think with him that dysmenorrhœa membranacea has in many instances at bottom a general condition for a cause, though we do not believe it to be hysteria; that condition produces dysmenorrhœa by organic changes in the uterus resulting from it, though these changes may elude our means of research.

THE announcement that the Metropolitan Asylums Board propose to increase by sixty the number of beds devoted to small-pox in the Fulham Hospital has produced great agitation among the inhabitants of South Kensington, Fulham, and Chelsea, in the immediate neighbourhood of the hospital. A movement is being rapidly organised with a view of appealing on the one hand to the Metropolitan Asylums Board to reconsider their decision, and on the other to the Local Government Board not to sanction the proposed increase. A public meeting is announced to be held at TATTERSALL'S on the 11th inst., with a view of protesting against the action of the Metropolitan Asylums Board in this matter, and of taking such further action as may be needed, other than the action above referred to, especially the bringing of the subject before the House of Commons at the earliest opportunity. So far as the opinions of the principal promoters of this movement have at present been expressed, it is not contemplated asking for more than a withdrawal of the decision of the Metropolitan Asylums Board to add to the number of small-pox beds in the Fulham Hospital. They do not propose at present to raise the question of the suitability of site of the hospital with regard to adjacent buildings, and so to add to the great difficulties which the Asylums Board have to contend in making sufficient provision for the isolation of cases with reference to the extending epidemic of small-pox. Whatever these difficulties may be, however, having regard to the believed spread of small-pox contagion from the Fulham hospital into the neighbourhood (it matters not to them how this extension may be explained), they view the contemptuous indifference of the Asylums Board to the interests and feelings of the

inhabitants of that neighbourhood in proposing to increase the number of beds for small-pox in the hospital, as altogether scandalous on the part of an important public body. But they find it difficult to believe that the Local Government Board, when appealed to, will sanction the decision of the Metropolitan Asylums Board. And here we must confess the population living near to the hospital stand on firm ground. Is it possible that that Board can have so recently instituted an inquiry for the purpose of ascertaining the truthfulness of the reported extension of small-pox from the Fulham Hospital in the neighbouring houses, and, before the inquiry has been completed, can give assent to the increase of the number of small-pox patients in that hospital? Assuming, as we have now good reason for doing, that, as compared with neighbouring parts of the metropolis, a disproportionate number of small-pox cases have occurred in the vicinity of the Fulham Hospital—whether this disproportion arises from the diffusion of the contagion from the hospital through the atmosphere, as some think, or from the frequent passage and careless regulation of ambulances carrying small-pox cases through the district, also the influx of visitors to the hospital coming from districts infected with small-pox,—it must be obvious that in either case to increase the number of small-pox cases under treatment in the hospital will augment the danger of contagion to the population surrounding it. It is difficult to conceive that the Local Government Board will take upon itself so grave a responsibility and suffer the Metropolitan Asylums Board to perpetrate so hideous a blunder. Whatever the difficulties of that Board may be at this moment, they do not justify them in doing what may lead to serious local mischief. Other more innocent sources of escape from their difficulties doubtless are open to them. The time has come when these recurring agitations from the neighbourhood of the Board's small-pox hospitals can be appeased by the teachings of general experience. The Metropolitan Asylums Board and the Local Government Board have persistently refused during the last ten years to make such inquiry into the reported extension of disease from the Asylums Board small-pox hospitals as was required, and now they must suffer for their judicial blindness. Unfortunately, the ratepayers have to suffer with them in pocket and person, and we can only hope that the inquiry now, and at last, being made at Fulham for the Local Government Board by DR. THORNE THORNE and MR. W. H. POWER may be the beginning of somewhat wider and more rational views of hospital administration for infectious diseases among the metropolitan population than have hitherto characterised the operations of the Board. It will, however, be months before the report of the inspectors can appear!

WE think too well of the Government to judge it by the gift of a Knighthood to a respected member of the medical profession, the elected head of the College of Physicians of London. A Liberal Government is not likely so to satisfy its sense of what is due, in the way of honour, to a liberal profession. The place of the medical profession in a high state of civilisation is not yet fully defined, and the deference which is its due, by every proper criterion that can be applied, has not yet been accorded to it. On the Continent the medical profession is rather a recommendation to political place and honour than otherwise. Here, hitherto, by statesmen it has been lightly esteemed. We shall not too curiously inquire how this has happened, or who hitherto has been to blame? But we will venture to say that with an unprecedentedly Liberal Government in power we confidently expect an unwonted liberal recognition of the claims to State honour of men who have saved life on a large scale, or who conspicuously represent a profession that has this for its great function.

It cannot be maintained that our statesmen hitherto have shown any adequate public sense of the value of life-saving. There is one member of the profession, now of more than European fame, who would be *fêted* in every capital where civilised men rule States. He began life in the Naval Service; thereafter he laid the basis of his future fame and usefulness in the broad ways of general practice. He saw a destructive disease destroying hundreds of lives every year. He undertook an operation for its relief, but the procedure was so formidable and bold, that the then recognised leaders of the profession denounced both him and it. Now the procedure is recognised and practised throughout the globe, and the introducer of it is correspondingly honoured. For the honour of the medical profession in England we are glad to say it now never loses an opportunity of according its own hearty reward. But where is the State recognition of such an achievement? One statesman at least, and he a distinguished ornament of the present Ministry, has studied the dimensions of this achievement, though even he can scarcely realise the obloquy and the difficulty through which success had to be attained. The present Lord Chancellor has spoken of the work we are alluding to "with admiration," as "one of the most splendid triumphs of modern surgical art and modern philanthropy, one of the greatest achievements of medicine or of surgery in any age." Of the workman the Lord Chancellor said, "he was as well deserving of the highest PUBLIC honour as any man living." At the time of the Lord Chancellor's speaking (1875) he estimated that MR. SPENCER WELLS had, by his first 500 operations, added 10,000 years to the lives of European women." Since then his 500 cases have become 1000, and the general care and success of surgery throughout the world has been, it may safely be said, doubled. Surely the State would honour itself by honouring one of whom such a judge as the present Lord Chancellor could say such things. And there is no conceivable difficulty in the way, unless it be the want of precedent, which is the very reproach to wipe away which we look to the existing Ministry.

Past favours and honours have been well bestowed, but they have been too restricted both in character and number. It has looked too much as if only those who had rendered personal service to Her Majesty or her illustrious family were thought worthy of distinction. Her Majesty does not so restrict the gift of honours in the case of other professions, and it would be gross injustice to her to believe that she cannot appreciate a service to the race unless it takes a personal form. We will not believe that such is the rule by which she graciously dispenses her Royal meeds of praise. She has added to the glories, already great, of queenly reigns, and she would be unlikely indeed, under proper representation, to withhold honour from one of her

own subjects who has done so much to diminish the disease and to add to the life and the happiness of women, and through them of the world.

If we have, for illustration, singled out one instance, it is not that there is only one which calls for liberal State recognition. There are many others—SIMON, LISTER, BROWN-SÉQUARD, and ANDREW CLARK—men who, by their labours, have extended the term of human life, restricted the bounds of epidemics, illuminated the mysterious processes of disease, or enlarged history by saving the lives of those who make it.

Annotations.

"Ne quid nimis."

SIR WILLIAM MUIR MUIR, K.C.B., M.D.

THE near approach of the end of the term for which Sir William Muir Muir has held the office of Director-General of the Army Medical Department—a department greatly developed under his superintendence, and saved from many probable misadventures by his skilful guidance—has occasioned some not unnatural anxiety. We cannot but hope and anticipate that the present incumbent of the now very important Directorate will be retained at the head of the medical affairs of the Army for some time longer, in order that the work he has in hand may be matured, and the great inconvenience which his removal would entail may be avoided. The feeling of the profession is strongly in favour of Sir William Muir's continuance in office; and we trust the Secretary of State for War will find it practicable to gratify the desire expressed.

THE PUBLIC MEDICAL SERVICES.

THE Examinations for Commissions in the Army, Navy, and Indian Medical Services commence on Monday next at Burlington House. For the Army Medical Department no less than 66 competitors have entered their names; the Indian Service is well represented with 40; while the Navy, in spite of Mr. Trevelyan's statement in the House of Commons that the incoming candidates will obtain the advantages of the new Warrant promised for the 1st April, musters only 8 candidates. It would seem that something more than a money attraction is requisite to make the Royal Navy popular with the young members of the medical profession.

TREATMENT OF PAIN BY MECHANICAL VIBRATIONS.

FOR some years past Dr. Mortimer Granville has been occupied with important researches upon the possibility of combating neuralgia by mechanical means. Proceeding largely upon theoretical considerations, he came to the conclusion that a series of interrupted mechanical shocks to a nerve would diminish its sensibility, and for that purpose invented a small instrument whereby a succession of rapid blows could be kept up upon the skin. Many physicians in London and Paris have seen and employed the apparatus, and spoken of it with approval; but Dr. Granville forbore to bring it under general notice until it had been thoroughly tested. He has paid the penalty of his patience, and the old story is repeated of the publication of an idea by another person by whom it was conceived long after the one who first thought of it, but who did not proclaim it to the world. In justice to himself Dr. Granville should forthwith point out how he arrived at the idea, and state his experience of its practical enforcement. Meanwhile it may be interesting to summarise the statements of M. Boudet de Paris, who writes on the subject in the current number of *Le Progrès Médical*. After alluding to Dr. Brown-Séquard's observation that chloroform applied over the skin of an animal produces general anæsthesia by its irritant action on the peripheral nerves, he points out that all irritants or revulsives may be placed in one category—such as actual cautery, hypodermic injections of water, application of metals, magnets, tuning-forks, electricity, vesicatories, sinapisms, compresses steeped in ether or chloroform, a motley group, but each intended for the same end—the relief of pain; they all operate by irritating the terminal twigs of sensory nerves. Vulpian long ago showed the good effect of the local application of chloroform; and Landouzy has recently pointed out the remarkable influence in controlling the cough of phthisis of hypodermic injections of water; whilst the cautery, acupuncture, and each of the forms of electricity are commonly applied to relieve pain. The action of metallic applications—metallo-therapy—of which we have heard so much in the last few years, was best explained on the theory of vibrations by Vigouroux, who proceeded to experiment upon the effect of sonorous vibrations, which he thought might have a direct mechanical effect upon the sensory nerves. By the aid of a large tuning-fork and sounding-board he caused hemianæsthesia to disappear, and provoked contractions in hysterical subjects at la Salpétrière, as rapidly as with the magnet or electricity. The pains of an ataxic were subdued when his legs were brought under the influence of these sound-waves. M. Boudet de Paris then thought this might be applied locally over a nerve—the sonorous being changed to mechanical vibrations by means of a small button attached to the resonater, and applied over the nerve. He therefore contrived a small apparatus consisting of an electrically mounted tuning-fork, the vibrations of which were transmitted to a rod which could be easily applied over a nerve. In a healthy man this mechanical excitation produced rapid local analgesia, often anæsthesia, the maximum effect being produced by application over a nerve which could be compressed on a bony surface. When placed against the skull its walls vibrate in harmony with the tuning-fork, and a sensation of approaching vertigo, frequently followed by a desire for sleep, is produced. An attack of migraine can be cut short by the application. Neuralgia—especially of the fifth, where the nerves issue from bony canals—disappears after a few minutes' application of the instrument to the nerve at such points, but in the case of deeper-seated nerves, much protected by soft parts, it is more difficult to get good results. The writer suggests this treatment for the pains of ataxics and syphilitics; he thinks there is no limit to its applications, and suggests that perhaps cranial vibrations may induce cerebral and thus general anæsthesia. Its mechanical action is comprehensible, when we see how simple friction of the skin may soothe very acute pain. He does not regard the number of vibrations as important. This, however, is, we believe, a point on which Dr. Mortimer Granville lays the greatest stress.

WESTERN INFIRMARY, GLASGOW.

SOME years ago Mr. John Freeland, a well-known citizen of Glasgow, died at Nice, and left the sum of £40,000 to the Glasgow Western Infirmary, to enable the directors to complete the original design of the building. As the hospital is erected in the "pavilion" style, the extension naturally took the form of additional arms. Twelve new wards, containing over 200 beds, have in this way been put at the disposal of the public, the new buildings having already been completed and in part made ready for occupation. The new wards have, of course, a general resemblance to the old ones, except in a few matters of detail, in which improvement has been suggested by experience. Thus in the wall-colouring, the old dull green has been replaced by a

light cream-colour, picked out in squares, with a broad belting of rich brown. The heating and ventilation are all that could be desired. The wards are full of light; the end windows, in particular, come down to the floor—an arrangement which permits convalescent patients to enjoy the view from the balconies in fine weather. Connected with each ward is a smaller room, containing three beds for the treatment of special cases. At each landing a large open space is provided, which will serve as excellent recreation rooms for the patients. One of the most important of the improvements effected consists in the erection, behind the hospital, of a nurses' pavilion, containing apartments for fifty nurses. It stands apart from the main block, but communicates with it by a covered way. This arrangement enables the nurses to spend their spare time away from the scene of their labours. These additions almost double the accommodation provided by the Infirmary. Already about forty of the extra beds are occupied, and in a day or two twenty more will be ready. But the full number of beds cannot be made available just at present, as the institution's funds are low, and it is plain that an increase in the number of patients taken in means increased expenditure. Additional beds will be opened, however, as the directors feel themselves warranted. A portrait of Mr. Freeland has been painted by Mr. Jas. Macbeth, and is shortly to be placed in the new building.

THE CATGUT LIGATURE.

THE cases recorded by Mr. Treves and Mr. M'Carthy at the last meeting of the Medical and Chirurgical Society are sure to arrest attention, and form a very valuable addition to our knowledge of the effects of ligatures upon the coats of arteries themselves. It is well to ask at the outset whether the particular mode of dressing—Listerian—used in these cases, had any *special* bearing upon the changes in the coats of the arteries. It is true we often hear of wounds healing in accordance with the "antiseptic type," but there is an entire want of evidence to show that this is in any way different from the old-fashioned "healing by first intention;" and therefore the sooner the new term, so apt to convey a false impression, is abandoned the better. The question Mr. Treves raised was, whether healing by first intention is the best mode to secure the permanent closure of a ligatured vessel, or whether the inflammatory effusion attendant upon the process of granulation does not afford a necessary, or at least desirable support, to the weakened vessel, if, indeed, it does not take an active share in the union of its severed coats. Were this the case, the healing of a wounded artery would prove an exception to the general rule observed in every other tissue, where the results of primary union are better than of granulation, and it is controverted by the fact—we believe it to be more than an opinion—that undue disturbance of the artery in its sheath is liable to be attended with disastrous results, and that the more carefully, and with least injury of surrounding parts, the vessel is isolated and tied, the better the prospect of healing. We believe that the facts of these cases are best explained by a consideration of the peculiarities in the effects of the ligature upon the arteries. In Mr. M'Carthy's case there was clear microscopic evidence that none of the coats of the vessel had been divided, and in Mr. Treves' case there was an absence of proof that they had been severed, Mr. M'Carthy stating his opinion that they had not. Here then, surely, we have an adequate explanation of the sequel. If these coats were not divided there was nothing to excite the formation of a thrombus, nor was there a stimulus for an adequate cell proliferation or exudation of lymph to make the walls cohere. As Dr. Jones pointed out in his classic work, it is by wounding the artery that its obliteration is accomplished, and where there is no wound mere compression of the vessel will not suffice to cause its permanent closure. Thus these cases support the generally accepted doctrine of the action of the ligature, and are a proof that we cannot depart from our present practice of severing the two inner coats of an artery with impunity. If our view be correct, there is in these cases little that bears upon the discussion of the value of the catgut ligature, for the peculiar result was due to the mode of using the ligature rather than to the material of which it was composed. There is no evidence that the catgut softened sooner than is generally desired; indeed, the permanent constriction of the vessel points to an opposite conclusion. But this lesson we may with advantage draw from the facts, that the use of the catgut ligature does not introduce a *new mode* of obliterating arteries. Nature's action is the same as it always has been, the difference is in the ultimate destiny of the ligature and the constricted outer coat of the artery.

THE LATE THOMAS CARLYLE.

OF no human being may it more reverently be said, than of Thomas Carlyle—"He, being dead, yet speaketh." The man has passed away at a venerable age, but his work remains; the brain is stilled, but the thoughts it created mightily prevail. Though lacking the scientific spirit and not unfrequently in direct antagonism to the scientific method, Carlyle did nevertheless influence the character and modify the habits of several generations of scientific workers. He was, however, a moralist rather than a philosopher, and appealed more to the heart than to the head. Like his great prototype, Socrates, his chief endeavour was to acquire a knowledge of himself as the starting-point of all moral action, and as the surest means of affecting the thoughts of others. Truth, diligence, and duty were the virtues he ceaselessly inculcated; and he, more than any other Englishman of this century, has fostered in us a healthy hatred of shams of every kind. Honesty, he taught us, is the highest virtue, and work the noblest worship.

REGISTRATION OF INFECTIOUS DISEASES IN GERMANY.

WHILE the registration of infectious diseases in England seems as far off as it did ten years ago, although its necessity is increasingly felt by medical officers of health, there seems a great probability of its being adopted in Germany. The Imperial Sanitary Bureau is reported to be now engaged upon the organisation of a comprehensive plan for reporting and registering all cases of infectious and contagious diseases occurring throughout the empire. It is proposed that the sanitary and medical authorities of every district shall be provided with special post-cards, on which to make weekly reports to the Central Bureau, where all such reported cases are to be duly registered. Such a register would afford valuable information concerning the first appearance and progress of any epidemic. As an invaluable assistance to sanitary authorities in their efforts to control the prevalence and fatality of infectious diseases, a local register of such diseases is even more indispensable than such a central register as is proposed in the German Empire.

ADMINISTERING ALCOHOL TO CHILDREN.

WE believe it is not an uncommon custom in the country to administer spirit in various forms to infants and children. It is, we think, very objectionable, in the absence of medical advice, and little better than the administration of opium. Two cases of death, in one night, that of twin children, are before us, both dying suddenly at Tenby, without being seen by a doctor. They were only eight months old, and the mother's chief idea of treatment seems to have been beef-tea with brandy or sherry—very doubtful dietetics at eight

months. Death from natural causes was the ready verdict, which we would slightly amend thus: Death from natural and unnatural causes. The kindness of the parents was not at fault so much as their intelligence. The medical man examined said he could not account for the death, but is afterwards reported as saying that teething was enough to explain death.

ABSCESS IN THE KNEE-JOINT.

THE cases of suppuration in the knee-joint cured by incision and free drainage shown by Mr. Edmund Owen and Dr. Alder Smith at the meeting of the Medical Society on Jan. 31st, are worthy of more than a passing notice. The completeness of the cure in at least three of the four cases is unimpeachable, and although by no means a novel fact in surgical practice, is yet so infrequently met with that it is not uncommon to hear the possibility of such an occurrence doubted. We venture to think that the pathological interest attaching to such results is greater even than the therapeutical, for it is a most striking and important fact that after the knee-joint has suppurated, the synovial cavity being distended with pus, the joint can so perfectly recover that full movement is painlessly accomplished, and the utility of the limb for support and progression not at all impaired. It is true that all the four cases were children—three of them quite young children—and the recuperative power of childhood, both local and general, is greater than that of later years in some respects. But the laws of pathology are the same at all ages, and the processes by which the recovery took place are not limited in their action to the earlier years of life. These histories are another evidence that the wonderful power of the *vis medicatrix naturæ* is but imperfectly understood, and that we are too prone to set a limit to it, which it can under certain circumstances overstep. Therapeutically, also, these cases are of great importance, but not quite in the way that was presented to the Medical Society. The therapeutical lesson they teach is surely that the free evacuation of pus from the knee-joint offers the best, if not the only, chance of recovery in such cases, for they show that where that is done perfect recovery may ensue, while all experience teaches that where that condition is not afforded no such result is ever obtained. It is noted that two of the patients were treated throughout as out-patients, and in none of them was Listerism employed, although Dr. Alder Smith stated that if called upon to treat a like case again he should certainly use Listerian precautions. The cases on this account do not afford any just ground for comparison with the results of Listerism; in all cases alike it is by natural powers that the healing is accomplished, powers which are not dependent upon the presence or absence of a germicide or antiseptic agent. All that any form of treatment can do is to bring about the conditions necessary for the normal working of these powers, and prevent the occurrence of certain accidents or interruptions in this natural process. The free incision and drainage in all cases alike fulfil the first purpose, and Mr. Lister contends that carbolic acid properly used does the second. Until the great mass of scientific evidence to show that septicæmia and its allies are the result of influences introduced into the body from without, and that these influences are closely similar to those producing fermentative and other changes outside the body, that can be studied in the laboratory, and there shown to be controlled and destroyed by carbolic acid and other germicides, can be rebutted, the narration of cases such as those we are alluding to cannot enable us to approach a determinate knowledge of the value of the alleged antiseptic treatment. Surely, it is true that, while a large majority of patients with open wounds and abscesses undergo healing in a more or less normal manner, a few of them fall victims to septic diseases, and demonstrate the danger to which all have been exposed. Mr. Lister asserts that these dangers can be averted by a scientific use of carbolic acid, and records of single cases which have recovered without the use of that agent do not controvert his proposition. Such cases show what nature unaided by germicides can accomplish; the evidence Mr. Lister brings is directed to prove that these results can be made uniform. Nevertheless, we would commend the study of these cases to some of Mr. Lister's followers who are more distinguished for zeal than knowledge, and who so constantly assure us that their results could not have been obtained under any other plan of treatment, as if the warding off of germs had added to the resources of nature in the healing art. It may safely be affirmed that antiseptic surgery has added nothing absolutely new in kind to the results of treatment; its highest aim is to make what has hitherto perhaps been considered the specially favourable if not exceptional course of a wound a constant event. Surely this is no detraction from the merit of the treatment! Injudicious friends of any cause are usually its most dangerous enemies, and we believe that few things have tended more to retard the reception of Listerism by the older members of the profession than the wild, exaggerated statements of some of its followers, which have been notoriously at variance with the teachings of a ripe experience.

ON TENDON-REFLEX.

AN interesting paper has been written by Dr. H. Senator on the physiological relations of the phenomenon known as tendon-reflex. A sharp blow on the tendon of the patella, when the legs are crossed, will cause the leg to be raised by the sudden contraction of the quadriceps extensor femoris, and a movement of the foot can be induced by a similar blow applied to the tendo Achillis. Tschirjew has shown that in the rabbit the centre for the reflex act in the patellar-reflex is situated between the fifth and sixth lumbar vertebræ, the afferent fibres proceeding from the tendon, and not, as Joffroy maintained, from the skin. These fibres run in the crural nerve, the division of which puts an end to the phenomenon. Senator corroborates Tschirjew's statement that division of the spinal cord opposite the fifth or sixth lumbar vertebra abolishes patellar tendon-reflex. He finds, further, that division of one lateral half of the spinal cord at this level abolishes the reflex on the corresponding side only. There is, therefore, no decussation of the nerve fibres. Division of the lateral column on one side produces the same effect. Division of the posterior cornua of the grey substance does not abolish the tendon-reflex. He concludes that in this part of the lumbar region both the sensory and motor fibres of the posterior extremities are exclusively contained in the lateral columns of the cord. It is remarkable that the patellar tendon-reflex can only be induced by one kind of stimulation—namely, mechanical shock or sudden extension by a blow. Neither electric, chemical, nor thermic stimuli have any effect. Nor has such stimulation as can be applied by pricking, cutting, or pressure. Senator discusses the views of Tschirjew in regard to its presence in health and disease, and appears to think that it is not always demonstrable in health, and not always absent in ataxy.

EXCISION OF THE STOMACH.

ON the 29th ultimo Professor Billroth of Vienna excised about six inches of the greater curvature of the stomach, including the pylorus, for infiltrating carcinoma. The patient was a woman aged forty-three, mother of eight living children, who was suddenly seized with grumous vomiting last October. Marked symptoms of cancer of the stomach and stenosis speedily followed. The operation was decided

on in consequence of incessant and uncontrollable vomiting which threatened inanition. The operation lasted one hour and a half. There were extensive adhesions to the omentum and colon. Fifty silk sutures were used to unite the duodenum and the remaining portion of the stomach. On the 5th inst. (a week after the operation) the sutures were removed from the external wound, which had united without reaction. The patient was doing well, and was able to take coffee, tea, and other light nourishment. This is the second time the operation has been done. M. Péan did it in 1879, removing a carcinomatous pylorus. In that case catgut ligatures were employed. The patient died on the fourth day.

THE PIGMENTATION OF COMEDONES.

IN Virchow's *Archiv* P. G. Unna has recorded some observations which he has made on the nature of the colouring matter of comedones. His results are entirely opposed to the view that the black specks so commonly seen on the face are the result of extraneous "dirt," forced into and obstructing the orifices of the sebaceous glands. He has found that the pigment exists partly in the form of free granules, and partly diffused in the horny cells at the upper part of the comedo; the free granules are also most numerous at the same part. The pigment is black, brown, or blue, and the granules vary much in size and in number in different specimens. The blue granules give many of the micro-chemical reactions of ultramarine. He explains that the blue colour of many comedones is due to the thin layer of pigmented matter seen by reflected light over a plug of fatty substance.

A CASE of suffocation during sleep from the fumes of incandescent coke, placed over coal in a fire bucket for the purpose of warming a bedroom, has occurred at Welby. The lethal influence of the fumes of burning charcoal in an unventilated room is generally recognised, but of the deleterious nature of the exhalations of coke under the same circumstances the public seem yet to require to be informed. The above fatal case may assist in affording the necessary enlightenment.

AT a conference of the teachers of Anatomy and Operative Surgery, held on Wednesday evening, the 3rd inst., at the Middlesex Hospital, it was unanimously resolved "That a committee be appointed to make inquiries and to report to a future meeting, (1) in what respects the Anatomy Acts should be amended, and (2) how the supply of subjects can be increased under the provisions of the existing Acts.

MR. HAMILTON LABATT died at his residence, Fitzwilliam-street, Dublin, last week at an advanced age. Mr. Labatt was a graduate in Arts of the University of Dublin, a Fellow and ex-Member of Council of the Royal College of Surgeons in Ireland, and held the post for many years of medical officer to the South City Dispensary District.

AT a late meeting of members of the Cahir Branch of the Land League, a resolution was adopted calling on the members of the dispensary committee in that district, where a vacancy for a medical officer had occurred, to elect a candidate who professed sympathy with the League, and oppose a candidate supposed to be the nominee of the landlord class.

MR. LUTHER HOLDEN, the late President of the Royal College of Surgeons, will deliver the biennial Oration in memory of John Hunter in the theatre of the College on Monday next, at three o'clock. The library will be closed on that and the following day.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Monmouth (*Rural*). — Area 82,977 acres; estimated population 26,088. Dr. Willis reports that "the health of the district during the past year (1880) has reached a most unusual standard and the death-rate of the whole (12·65 per 1000 population) is the most favourable yet attained. Again, of this death-rate he says that it is "probably the lowest death-rate in the kingdom for a population including in addition to the agricultural population, miners, colliers, quarrymen, and others in iron-works, tin-works, and brick-yards." Dr. Willis refers to an exceptionally good crop of potatoes and all vegetables during the past year as affecting favourably the health of the district, and draws attention to the connexion between a wet year (as 1880 was) and a healthy one. He describes in some detail the prevalence of fatal infectious disease in his district, but we must demur to his association of the appearance of scarlet fever at one farmhouse in June with the pumping out during a whole day of a well polluted with sewage close to the door, scarlet fever having occurred earlier in the year in the district. Dr. Willis notes measles imported into the district from both London and a distant part of Herefordshire. Nothing is said of the general sanitary condition of the district, but reference is made to a Board School of which the water-supply was unfit for the use of children. This is not the first instance by many in which the improper sanitary arrangements of schools have been referred to by medical officers of health.

Birmingham.—Dr. A. Hill's report on the health of this borough for the quarter ending Jan. 1st, 1881, shows a death-rate of 22·64, as compared with 27·08 for the corresponding quarter of 1879, and a birth-rate of 35·2, as compared with 39·4 for the autumn quarter of 1879. "This very considerable and satisfactory decrease in the death-rate, as compared with the fourth quarter of last year, is partly due, observes Dr. Hill, "to a large reduction in the mortality from zymotic diseases, and partly to a decline in the death-rate from local diseases generally, but more especially from diseases of the respiratory organs, in consequence, probably, of the mild weather which prevailed during December, in contrast with the severe cold of the last month of 1879."

Mexborough (*Urban*).—Estimated population 6300; inhabited houses 1326.—Death-rate 20·31 per 1000 population (as compared with 18·16 in 1879). Mr. Wm. Sykes reports the death-rate as unusually high, and "at least one very serious outbreak of enteric fever" occurred during the year. An immunity from fatal small-pox he attributes to the "extremely well vaccinated state of the districts," thanks to an energetic vaccination officer. The outbreak of enteric fever referred to was confined to a circumscribed locality and was found to have been connected with imperfect sewerage, much fæcal pollution of the atmosphere (from foul privies) and a contaminated water-supply. Good work appears to be done in this district, but when we read of privies constructed without drains, as if approved, it is evident that even the rudiments of privy construction have to be acquired.

THE DISPOSAL OF "DUST."

The movement on the part of several of the metropolitan sanitary authorities on the question of the "dust" disposal still continues. The City Commissioners of Sewers have been considering the report of a deputation sent to several northern towns to consider processes of disposal in use there, and it would seem probable that the process partly in use in Leeds will be adopted by the City—namely, the destruction of the accumulated refuse by fire—or rather the *reduction* of the refuse to a harmless and useful form by fire. The St. Pancras Vestry have also been considering the report of a deputation of its members and certain officers, including the vestry clerk, the chief surveyor, and the medical officer of health (Mr. Shirley F. Murphy), which has also visited several northern towns to study this question. The deputation has recommended:—"1, The vestry should decide whether the collection of dust should be in the hands of the vestry or the contractors, and your committee are of opinion that the

collection should be in the hands of the vestry; 2, whether this is decided in the affirmative or the negative, your committee should be authorised to prepare draft regulations for collection for the consideration of the vestry; 3, that if the contract system is to be continued, your committee should report on the modifications which are required in the present form of contract; 4, that whether the vestry decide upon doing their own work as dust collectors or not, the refuse should be partly or wholly burnt, and, therefore, your committee should be instructed to seek for a site for works, and that the vestry should offer a premium of £50 for the best scheme of disposing of refuse by fire, accompanied with plans and other details." This report gives reason to fear that the Vestry is still influenced more by considerations for the pecuniary interests of contractors than for the sanitary interests of the ratepayers and inhabitants generally. Let us hope, however, that recommendations 2 and 4 will meet with the approval of the vestry.

SMALL-POX IN THE METROPOLIS.

We have received the following circular from the Metropolitan Asylums Board:—

Metropolitan Asylums Board, 37, Norfolk-street, Strand, London, Feb. 8th, 1881.

SMALL-POX.

DEAR SIR,—The managers at their meeting on Saturday last having had under consideration a report from the chairmen of the several hospital committees directing attention to the rapid spread of small-pox in the metropolis—no less than 330 acute cases of this disease having been received into the hospitals of the Board during the past fortnight—I was directed to state for the information of your —— that should the number of admissions continue at the present rate, all the accommodation the managers have or can provide (pending the decision of the House of Lords in the Hampstead Hospital case) will be exhausted in about three weeks, after which it will be necessary for the various sanitary authorities and Boards of Guardians to supplement the action of this Board by making provision for the accommodation of any additional cases of small-pox that may arise in their respective districts.

I am, dear Sir, yours faithfully,

To ——, Clerk to the ——. W. F. JEBB, Clerk.

THE VACCINATION ACT, 1867.

A voluminous Parliamentary Return has been published, moved for by Mr. Barran, showing the number of prosecutions in respect to England and Wales since the 1st day of January, 1875, to the 1st day of January, 1879, under the Vaccination Act, 1867, distinguishing (1) those who under section 29 have neglected to procure the vaccination of a child, and (2) those who under section 31 have disobeyed the order of a justice for the vaccination of a child, and how often prosecutions under this section were repeated for the same child; stating also the amount of penalty inflicted on conviction, whether imprisoned in case of default, and if discharged under section 31, and the grounds for that discharge. No attempt is made to summarise the facts given in the return under its separate headings, but it is left for each person to form his own summaries and deductions. There would appear to be very little uniformity in the mode of dealing with these cases by the magistrates in different districts.

COMBINATION OF SANITARY DISTRICTS.

We gather from the *North Wales Guardian* that the Local Government Board contemplates the combination of the rural sanitary districts of Curwen, Ruthin, St. Asaph, and Holywell with the urban sanitary districts of Abergele, Denbigh, Ruthin, and Llangollen, for the purpose of appointing a single medical officer of health. This project was under the consideration of the Rural Sanitary Authority of Ruthin at a recent meeting, Mr. Murray Browne, the general inspector of the Local Government Board for North Wales, being present; but the project met with much opposition, and in the end the subject was adjourned to the next meeting. The report of the proceedings in the local papers shows a very considerable amount of misapprehension on the position and duties of a medical officer of health and the object of the Local Government Board.

SUNDAY MILK.

At a recent meeting of the Greenwich District Board of Works it was moved and carried that the inspectors of nuisances should be instructed to take milk samples on Sundays. It would appear that the milk-dealer has been accustomed to have his own way in this district on that day, and one of the members of the Board expressed the opinion that it was as lawful to prevent children being served with milk-and-water on the Sunday as for any other good deed to be done on that day. It is probable that milk-dealers have been as quick to perceive their freedom from the restraining influence of the sanitary authority on a Sunday elsewhere than in Greenwich, and we commend the example of the Greenwich District Board to sanitary authorities generally.

At the recent meeting of the Yorkshire Association of Medical Officers of Health, at Wakefield, the President, Mr. S. W. North of York, asked the question, How long a patient recovering from infectious disease—small-pox or scarlet fever—should be detained in hospital before being allowed to go forth and mingle with healthy individuals? Mr. Butterfield, the medical officer of health for Bradford, in replying to this question, observed that he did not think "the usual six weeks" as at all sufficient. He had known cases last over eight weeks, and sometimes over three months. Obviously if periods of detention extending over even the least of these larger periods—viz., two months—have to be entertained by local authorities, other considerations than those of preventing the dissemination of infection will chiefly influence their action in the matter.

Colonel Bolton, the water examiner for the metropolis, in his report on the condition of the water delivered by the different metropolitan water companies in December last, says that the water in the Thames was indifferent in quality from the 1st to the 4th of December, when it improved, and remained good until the 15th, after which it became bad, and continued in that condition for the remainder of the month. The water in the river Lea was also generally bad during the greater part of the month. Professor Frankland states that the water taken from the Thames by the different companies, except the Grand Junction Company, was "efficiently filtered before delivery." The water distributed by the East London Company (including Thames water) was "slightly turbid through inefficient filtration."

A gentleman residing at Horsham has been summoned before the local magistrates for having failed to provide a proper supply of water to a "lodge" he had built upon his estate. He contended that a "lodge" was something different from a residence, and that there was water within a reasonable distance. The magistrates, however, inflicted a fine of 5s. with costs, but the defendant announced his intention to appeal.

It is noteworthy that the Paddington Vestry have successfully prosecuted the owners of certain barges for having moored their vessels for upwards of twelve hours, when laden with offensive matters, within 500 yards of inhabited dwellings. A fine of ten shillings, with costs, was inflicted in each case.

The "States" of Guernsey, it is reported, have repudiated the Burial Act by refusing to sanction its registration. The clergy, members of the "States," took an active part in speaking, as well as voting, against the Act.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

Although the registered mortality last week showed a decline from the recent excess, it again exhibited some of the effects of the recent severe frost. In twenty of the largest English towns, estimated to contain in the middle of this year a population exceeding seven and a half millions of persons, 5891 births and 4092 deaths were registered last week. The births exceeded by 705, and the deaths by no less than 835, the average weekly numbers during last year. The deaths, however, showed a decline of 430 from the high number returned in the previous week. The annual death-rate in these twenty towns, which in the first four weeks of the year increased from 21·3 to 31·0, declined again last week to 28·0. During the five weeks of the current quarter, ending on Saturday last, the death-rate in

these towns averaged 26·5 per 1000, against 26·0, the average rate in the corresponding periods of the five years 1876-80. The recent excess in the death-rate was remarkably small considering the late inclemency of the weather.

The deaths in the twenty towns referred to the principal zymotic diseases, which had been 390 and 373 in the two preceding weeks, further declined to 366 last week, and included 102 from whooping-cough, 70 from scarlet fever, 54 from small-pox, 49 from measles, and 41 from fever (principally enteric). The annual death-rate from the principal zymotic diseases averaged 2·5 per 1000 in the twenty towns, among which it ranged from 0·7 and 0·8 in Bristol and Leicester, to 3·6 and 3·9 in Norwich and Sunderland. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, and Oldham; while whooping-cough was most fatal in Leeds and Liverpool. The 20 deaths from diphtheria in the twenty towns included 12 in London, 3 in Bradford, 2 in Liverpool, and 2 in Birmingham. The death-rate from fever (principally enteric) was highest in Nottingham and Sunderland. Small-pox caused 58 more deaths in London and its suburbs, while no fatal case of this disease was registered in any of the nineteen large provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylum Hospitals, which had steadily increased from 77 to 520 in the fourteen preceding weeks, further rose to 617 on Saturday last; this is a larger number than has been under treatment in these hospitals since June, 1878. The number of new cases of small-pox admitted to these hospitals, which had been 142 and 114 in the two previous weeks, rose last week to 234. The Highgate Small-pox Hospital contained 37 patients on Saturday last, against 27 and 30 at the end of the two preceding weeks; 30 new cases were admitted during the week.

The deaths referred to diseases of the respiratory organs in London, which had been 371, 617, and 702 in the three preceding weeks, declined last week, under the influence of higher temperature, to 606, but exceeded the corrected average number in the corresponding week of the last ten years by 52; 441 were referred to bronchitis and 97 to pneumonia. The annual death-rate from lung diseases (excluding phthisis) was equal to 8·5 per 1000 in London, while the rate from the same diseases was 11·1 in Salford and 14·3 in Liverpool.

In the twenty towns last week the causes of 118, or 2·9 per cent., of the deaths were not certified, either by a registered medical practitioner or by a coroner. The proportion of uncertified deaths did not exceed 1·8 per cent. in London, while it averaged 3·9 per cent. in the nineteen provincial towns. No uncertified deaths were registered last week in Portsmouth or Norwich, while their proportion was largest in Oldham and Sunderland.

HEALTH OF SCOTCH TOWNS.

In eight of the largest Scotch towns, having an estimated population of rather more than a million and a quarter persons, the annual death-rate averaged 28·9 per 1000 last week, against 24·6, 31·1, and 34·7 in the three preceding weeks; this rate was 0·9 above the average rate in the twenty large English towns. The rates in the eight Scotch towns ranged from 18·4 and 18·9 in Greenock and Edinburgh, to 33·9 and 35·1 in Glasgow and Perth. The deaths referred to the principal zymotic diseases in the eight towns, which had been 107 and 125 in the two previous weeks, declined to 94 last week, and was equal to an annual rate of 3·7 per 1000; in the twenty large English towns the rates from these diseases did not exceed 2·5. In the eight Scotch towns the zymotic death-rate last week ranged from 1·9 in Greenock and Perth, to 4·8 and 5·2 in Glasgow and Leith. The fatal cases of scarlet fever in the eight towns, which had been 28 and 27 in the two preceding weeks, further declined to 14 last week, of which 9 occurred in Glasgow, 3 in Edinburgh, and 2 in Leith. The 34 deaths from whooping-cough were within 3 of the high number in the previous week, and included 20 in Glasgow and 8 in Dundee. The 10 deaths referred to "fever," however, showed a decline of 15 from the number in the previous week; 5 were returned in Glasgow and 2 in Leith. Eight of the 9 deaths from measles, as well as 5 of the 10 from diphtheria, occurred in Glasgow. Diarrhœa fatality continues to exceed the average for the season. The deaths referred to acute diseases of the lungs (bronchitis, pneumonia, and pleurisy), in the eight Scotch towns, declined last week to 261, from 307 and 348 in the two previous weeks. These 261 deaths from lung diseases were equal to an annual rate of 10·3 per 1000 of the population in the eight Scotch towns; the death-rate from the same diseases in London did not exceed 7·6. The greatest fatality of lung diseases in the Scotch towns occurred again last week in Glasgow, Paisley, and Perth.

HEALTH OF DUBLIN.

The rate of mortality in Dublin showed but a slight decline from the exceedingly high rates in recent weeks. The annual rate of mortality from all causes in the city, which had been equal to 35·1, 45·7, and 47·4, in the three preceding weeks, was 46·5 last week. During the first five weeks of the current quarter the death-rate in the city averaged 41·3 per 1000, against 25·8 in London, and 24·0 in Edinburgh. The 297 deaths in Dublin last week showed a decline of but 6 from the number in the previous week, and included 31, or rather more than 10 per cent., which were referred to the principal zymotic diseases, against 37 and 34 in the two previous weeks. These 31 zymotic deaths in Dublin last week included 17 which were referred to fever (typhus, enteric or typhoid, and simple continued), 6 to whooping-cough, 3 to scarlet fever, 3 to diphtheria, and one each to small-pox and diarrhœa. The annual death-rate from these zymotic diseases was equal to 4·9 per 1000 in Dublin last week, while it did not exceed 2·9 in London and 2·2 in Edinburgh. The deaths referred to fever in Dublin, which had been 17 and 15 in the two previous weeks, rose again to 17 last week; during the past five weeks the annual death-rate from fever has been equal to 2·19 per 1000, and nearly nine times as high as the average rate from the same cause in the twenty large English towns in the same period. The 6 deaths from whooping-cough in Dublin last week corresponded with the number in the previous week, while the fatal cases of scarlet fever showed a further decline. The deaths of infants showed an increase, while those of elderly persons were only four less than the exceptionally high number returned in the previous week.

HEALTH MATTERS GENERALLY AT HOME AND ABROAD.

THE "HOWARD" PRIZE ESSAY ON ORIENTAL PLAGUE.

The one fact of interest about this essay on "Oriental Plague" is that it has been adjudged by the Council of the Statistical Society the "Howard Medal" for 1880 and a grant of £20. It is from this point of view alone the essay deserves consideration. The terms of the competition required that the disease should be treated of in its social, economical, political, and international relations. No disease during the past ten years has occupied a larger degree of public and, so to speak, international attention than Oriental plague; yet of this there is not the slightest intimation in the essay, and, in consequence, the various social, economical, political, and international questions which have so recently had to be considered in this country on the subject receive no notice, and it does not appear that either the essayist or the Council knew of their existence. "Frequent reference," it is said at the beginning of the essay, "has been made to many works treating of the plague, these being specified at the end of the essay." The works specified are twelve in number, and do not include the great report of the French Academy of Medicine or one of the numerous reports on plague since its appearance in Western Asia in 1853. Much of the essay is taken up by a so-called "historical sketch," the value of which may be surmised from the fact that outbreaks of "dancing mania" and "sweating sickness" are mingled promiscuously with outbreaks of Oriental plague. Howard's work as to plague is mixed up inextricably with his work as to prisons. The chapter on the "Conditions under which the Plague arises" is written without any reference to the recent important light which has been thrown on the subject. The illustrations of the social effects of plague are derived from the older historians, although we have had the opportunity of studying them in our own days. Then, as to accuracy of language. Plague, we are told, appeared in 1813 in Malta and Gozo, killing between 4000 and 5000 people. A few lines after we read that plague has not been seen in Malta for one hundred and thirty-seven years! Again we read: "Plato recognised the contagious power of ophthalmia, and so in the four-

teenth century Pope Clement VI. shut himself up in his house, and was one of the few persons saved"—from ophthalmia? Still, again, we read: "There has been a total absence of genuine Oriental plague [in England since the latter end of the seventeenth century], notwithstanding the great increase of trade, by which it was supposed to be imported. The improved condition of our quarantine laws is surely inadequate to produce such immunity." "The immunity from the plague, which all civilised countries now enjoy, is unquestionably due more to the improved sanitary condition of our towns and villages than to enforced measures of quarantine." But again we read: "The history of the prevention of this malady [Oriental plague] is very instructive, because it shows how suitable measures, when energetically carried out, can succeed in so perfectly conquering the severest of epidemic diseases, that it no longer occurs except in half civilised countries. This extraordinary result has been accomplished by quarantine measures rigidly carried out." We leave it to our readers who delight in literary puzzles to endeavour to reconcile the earlier with the later sentences here quoted. But it is possible that the Council of the Statistical Society do not know that the quarantine scheme for the protection of Europe from the importation of plague from the Levant was not completed until 1838—that is to say, two years before the disease disappeared from Europe, and six years before it vanished from Egypt. We do not dwell upon the confusion in the essay of the medical inspection of shipping and the sanitary improvements of places with quarantine, except to infer that such confusion must equally obtain in the Council of the Statistical Society. The shade of Howard may well cry to be saved from his assumed friends, but what of the reputation of the Statistical Society?

MEDICAL CERTIFICATES FOR CHILDREN.

The following recommendation of the District Education Committee has been adopted by the Liverpool School Board: "That the board do authorise the Committee to make arrangements with such medical men as the committee may from time to time select for the issue of medical certificates in cases where, for their own satisfaction, the committee may require such evidence to be procured by parents who allege the sickness of children as the reason for their non-attendance at school; and to make a payment of sixpence for each certificate so required by the committee." It is proposed to ask the dispensary medical officers to undertake the duty above-named.

Intelligence has arrived in Liverpool within the last few days of a serious outbreak of small-pox at Bathurst, British Gambia; also that quarantine restrictions are again in force at Goree, Senegal, probably on account of the re-appearance of yellow fever there.

THE SERVICES.

BENGAL MEDICAL ESTABLISHMENT.—To be Surgeon-Majors: Surgeons John MacGregor, George Hutcheson, M.D., and Edward Reginald Johnson.

Surgeon D. H. Cullimore, I.M.D., formerly Resident Surgeon, Mandalay, has retired from the Service, receiving the half-pay pension of his rank and length of service.

THE TRANSVAAL WAR.

The following medical officers have arrived in Natal from India with the reinforcements despatched from that country for service against the Boers:—Surgeon-Majors S. B. Roe, J. A. Scott, W. Cherry, W. Keir, H. Waghorn, J. Barker, and H. Cornish; Surgeons R. W. Mapleton, J. A. Gormley, A. Kirwan, L. B. Ward, and G. T. Langridge. Surgeon-Majors S. M. Parkinson and Fraser and Surgeon Lloyd are on duty at Standerton, and Surgeon S. Wallis is with the wounded of the 94th at Prætoria. Dr. Wallis was with the 94th at the massacre on the march between Lydenburgh and Prætoria, and was the only officer who escaped unhurt. The hospital at Newcastle has been enlarged to accommodate 120 sick and wounded, and will form the Base Field Hospital of Sir George Colley's force. Surgeon-Major Babington acts as Senior Medical Officer of the column now at Laing's Nek.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon Thos. Harvey to the *Monarch*, temporarily, in lieu of a surgeon; Staff-Surgeon W. Algeo to the *Woodlark*; Surgeons W. J. Christie, M.B., and M. V. Stace, to Haslar Hospital; Surgeons J. J. Dennis, M.D., and C. F. Wales, to Plymouth Hospital.

IMPERFECTIONS OF THE DENTISTS ACT.

Abstract of an Address delivered before the Association of Surgeons practising Dental Surgery on Jan. 26th, 1881.

BY W. A. N. CATTLIN, F.R.C.S., PRESIDENT.

AFTER some remarks on medical reform in general, Mr. Cattlin addressed himself to the question as it affects the dental profession in particular, and spoke as follows:—

I turn to the subject of dental politics with great reluctance. The dispute which is raging between the parties respecting the Dentists Act has not been conducted in a satisfactory manner.

In 1859 a charter was obtained by the Royal College of Surgeons of England, which enabled it to grant licences in dental surgery to candidates who were little better than half educated up to the standard of medical fitness required from its members. Thus was permanently introduced the questionable principle of authorising persons to practise an important branch of surgery who had only obtained a limited knowledge of the science. This bold step was undoubtedly an act of great injustice to every Fellow and Member of the College; yet they were in no way consulted in the matter. The only precedent I can find for granting a special degree in this country of late years is when the licence in midwifery was given by the English College of Surgeons to *three* persons who were not qualified practitioners; but the practice was immediately discontinued, and it has since been issued only to Members of the College. The dental licence has, however, been given to persons who are not members of the College for more than twenty years, and the practice is still continued. The Dentists Act goes still further than the charter, and extends the same evil to the Scotch and Irish colleges. It also encourages the mere "dentist" to assume the prefix of "surgeon," to the injury of those who have an exclusive right to the title. Finally, by establishing a separate register for dentists (which the public may easily mistake for the Medical Register) it completely divorces that branch of surgery from the whole science. These are the wrongs of which we, as members of the College, complain. The Dentists' Register is now crowded with ignorant pretenders, who are supposed to have made a false and fraudulent declaration, "that they were in practice as *bonâ fide* dentists when the Act became law;" but as there is no legal definition of the words *bonâ fide* dentist, I fear the General Medical Council will be unable to erase their names, and they will be a disgrace to the profession for a generation to come. There will be a meeting of the Medical Council shortly (at the cost of about £400) to consider what can be done to remedy this condition of things; but, unless they inquire into each particular case, and act upon the rules of common sense, I see no way out of the dilemma. The General Medical Council, under the circumstances, has power to expunge the names of impostors from the Dental Register, and their decision is final; but I fear they will be obliged to refer the matter to a court of law, and much time and money will probably be wasted before a legal decision can be obtained.

It has long been an established fact that a full knowledge of the science of medicine is absolutely necessary to the proper understanding and successful practice of any branch of surgery, and on that ground the Legislature requires its public officers to hold the double qualification. By this it will appear that the licensing of half-educated specialists is repugnant alike to the best interests of the public and to the medical profession at large. It also forms a bad precedent for future action.

My attention has been called by our secretary (Mr. Hamilton Craigie) to a short leader in THE LANCET of October 30th, 1880. It goes so much to the point that I will ask your permission to quote it *in extenso*. [Quotation given.]

A number of influential American dentists have formed

the Oral Society of Boston, and no one is allowed to become a member of it who is not a qualified medical practitioner. They also hold that all special degrees in medicine should be abolished. This is a step in the right direction, and shows that the profession in the new country is becoming alive to the necessity of preventing its ranks from being overrun by a colony of mere specialists. In recognition of similar principles, which were initiated by this association, the Oral Society of Boston have invited your Secretary and President to become honorary members of it, to which they have assented, and I assure them we appreciate the compliment which has through you been paid to us.

It is simply idle to persuade any but the most prejudiced that a partial education is sufficient for the successful practice of any branch of medicine. A greater deception was never fostered by the mind of man, and yet the chief promoters of the Dentists Act have suffered themselves to be deluded by this false and ridiculous idea. The surprising effects which may result from even slight pressure or irritation of a very small branch of our complicated nervous system (producing serious disturbance in remote parts), can only be traced and understood by those who have a full and intelligent knowledge of its functions. The discoveries of Dr. Brown-Séquard have shown how necessary this knowledge is to the practice of dental surgery. What half-educated anatomist could trace the cause of deafness to irritation of the nerve of a tooth, unless he understood the great theory of reflex paralysis? and there are numerous complicated symptoms arising from diseased teeth (sometimes coupled with functional disturbance affecting the general health) which can only be skilfully treated by one who has a minute knowledge of all the resources of medical art.

Having answered the fallacious argument that the education of a surgeon is not necessary for a dentist, I will ask and answer the question, What difficulties are there to prevent a surgeon becoming a dentist, if he makes a special study of dental surgery after he has taken his diploma? I sincerely hope this practice will be adopted by young surgeons. It has been asserted that the time required to learn both dentistry and surgery would be too long, and that the hand can only be tutored in early youth to perform the delicate operations of dental surgery. This (so far as it is true) applies with equal force to delicate operations on the eye and other parts of the body, and yet there is no lack of skilful operators in every branch of surgery. Gold stopping is perhaps the only dental operation which requires considerable practice, but the necessity for the use of that particular metal has been greatly exaggerated. It is a fact, that has been proved by experiment, and is confirmed by experience, that only the few, however well taught, acquire the power of manipulation which is necessary to make a perfect gold filling in awkward positions within the mouth. Many large cavities in the molar teeth (if sufficient care be taken to prepare them) may be well filled by a person of ordinary skill with palladium amalgum, and some of the osteoplastic preparations are suited to the same operation in incisor and other front teeth. I do not desire to detract from the value of perfect gold stoppings, but I do say that only a few of the best dentists can make them perfect. It is trifling with common sense to deny that all the other operations in dental surgery can be well performed by the surgeon after a moderate term of experience. If further proof be required to contradict the false statement that proficiency in dentistry can only be acquired in early youth, let the honourable and brilliant career of such men as Bell, Craigie, Harrison, Arnold Rogers, and numerous others now living and equally skilful, who began to practise the specialty at mature age, proclaim the fallacy of such a doctrine. The truth is that mechanical talent is not uncommon; most men possess it, but in different degrees. Moreover, a delicate sense of touch (as contra-distinguished from what is called a heavy-handed person) belongs to the individual, and is generally born with him. It is a perfection of touch which is the gift of nature, and art cannot imitate it. On the other hand, a person who is peculiarly rough may improve in manipulation by experience, but he will never attain to the same degree of perfection as that to which I have alluded as the gift of nature.

Purposely omitting any reference to the mechanical branch of dentistry (which I think should be practised separately), let us seriously inquire what there is in the surgical branch which gives the slightest excuse for a special licence. Verily I believe the manner in which this document has been forced upon the public is as unjust as it is impolitic. It is a monstrous fact (that no longer should be tolerated) that before the student is allowed to pursue his studies at the Dental Hospital of London he is required to give a written undertaking that it is his intention to take out the dental licence.

Having arrived at this point, let us consider what the public duty of this Association is under the vexatious difficulties that lie before it. I think we should endeavour to convince our opponents that we hold our opinions solely because we believe them to be right. I am not one of those who think that an intelligent minority should, either from the love of popularity or the dread of defeat, go with the multitude to do evil; but it is always wise to show polite deference for the opinions of others. We should endeavour to obtain a just and reasonable compromise by the amendment of the Dentists Act, to the extent which I have indicated—namely, that no one but a qualified practitioner should be allowed in future to receive the dental licence, or use the title of "surgeon" alone or in conjunction with any other word or words, and that a clause to the same effect should also be inserted in the new Medical Amendment Bill; that the Dentists' Register should be purged and be made conspicuously dental; and that those who have been tempted to take the dental licence, thinking it to be a more honourable degree than it really is, should have the way made easy for them to acquire the diploma of member. I think this Association should show good feeling by helping them in every way. It is given to but few to possess so fine a judgment as will enable them to perceive and correctly estimate the course of coming events in great and complicated matters, and to fewer still amid the din of strife and the force of rivalry so to direct their conduct that it shall tend only to the public good. "Bad as the world is, respect is always paid to virtue." Even our bitterest enemies will not dare to raise the treacherous voice of slander against us if we oppose them with generosity, and ever keep in mind the good old maxim, "To err is human, to forgive divine."

ARMY MEDICAL SCHOOL.

THE winter session of the Army Medical School at Netley terminated on Monday, the 7th inst., when, after the preliminary business of winding up the session had been concluded, the Right Hon. the Secretary of State for War, Mr. Childers, delivered an address to the assembled surgeon probationers and candidates for commissions in the different branches of the public service, and handed the prizes at the disposal of the Senate of the School to the successful competitors. Not only the benches of the lecture theatre, but every available portion of space in the area were occupied by officers and visitors, the latter including Mrs. Childers and a few ladies. Among the officers present were—General H.S.H. Prince Edward of Saxe-Weimar, commanding the Southern District, with Captain Lord A. Seymour, A.D.C.; Colonel Bray, Assistant Adjutant General, and Colonel the Hon. J. C. Dormer, Assistant Quartermaster General; the Director-General, A.M.D., Sir Wm. Muir Muir, K.C.B.; the Director-General of the Medical Department of the Royal Navy, Dr. Reid; Surgeon-General Sir J. Fayrer, K.C.S.I., Physician to the Council of India; Lieut.-General Sir J. M. Adye, K.C.B., Surveyor-General of the Ordnance; Colonel Sir C. Pearson, K.C.M.G., Commandant at Netley, with the military staff of the hospital; Surgeon-General D. R. Mackinnon, Principal Medical Officer, and the medical staff; Surgeon-General J. A. Woolfryes, C.B., C.M.G., Principal Medical Officer of the Southern District, with several medical officers from Portsmouth; Surgeon-General G. A. Shelton, M.D., Head of the Medical Branch in the Director-General's office at London; the Director-General of the Ordnance Survey of the United Kingdom, Col. A. C. Cooke, C.B., R.E.; Col. H. Burne, C.B., late Military Secretary to the Government of India; and various others. The candidates for commissions, one hundred in number, as they sat in their uniform presented the appearance of as fine a body of young men as could be seen anywhere in equal number.

After Mr. Childers had given his address, in which he chiefly referred to the importance of the duties which de-

volved on the medical departments of the public services in time of war, and in such climates as India, he requested the gentlemen who had gained the prizes to come forward, and to each in succession he made some kind and appropriate remarks. To Mr. G. M. J. Giles, M.B. Lond., of H.M.'s Indian Service, who had scored the high number of 5410 marks in the combined London and Netley examinations, Mr. Childers handed the Herbert prize and the Parkes Memorial bronze medal. The Herbert prize, which was founded in memory of Lord Herbert, to whose exertions the School mainly owes its existence, consists of a sum of £20, but no medal is attached to it. In handing the certificate for this award to Mr. Giles, the Secretary for War said, however, that he should ask Mr. Giles' acceptance of a medal, as a souvenir of the occasion, which he would personally present to him—an announcement which was received with much cheering. Mr. S. A. Crick, who heads the list of probationers of the British Service, received the Martin Memorial medal—a gold medal given at each session of the School to the gentleman who most distinguishes himself in the subject of tropical disease. This medal was established to commemorate the late Sir Ranald Martin, who not only took an active part with Lord Herbert in originating the School, but also subsequently, as a member of its senate, for many years exhibited a very active interest in its welfare. Another prize of an interesting origin, and specially given for the session of the School which has just passed, was carried off by Mr. J. Shearer, of H.M.'s Indian Service. It will be remembered by many that during the recent war in Afghanistan Lieutenant Maclaine, R.A., who was wounded in the battle of Maiwand, near Candahar, fell into the hands of the enemy, and after being kept a prisoner by them for several weeks, was cruelly murdered about the time when the troops under Sir F. Roberts defeated the force under Ayoob Khan. Among the papers of this unfortunate officer, which reached his family, was found a memorandum to the effect that, in consequence of his own sufferings from the want of surgical advice and attention, he felt a desire to do something for others, who might fall into the same need of surgical help, but who, unlike himself, might happily be within reach of it. Acting on this expressed wish, his family had set apart a certain sum, part of which—viz., £10—they offered as a prize, to stimulate attention to the subject of military surgery at the Army Medical School. There had been a keen, close race for this prize, and the result was so near that it was mentioned there was only a difference of twenty-five marks among the first six on the list of competitors. The marks gained by these gentlemen respectively in this competition were: J. Shearer, 775; J. R. Dodd, 770; S. G. Hamilton, 765; S. A. Crick, 763; A. R. Sedgefield, 760; and G. M. J. Giles, 750. Mr. Dodd stood second in the list, having only five marks less than Mr. Shearer, who won the prize. Mr. Childers handed this gentleman, who, it was stated, had trenched closely on all the other successful competitors, a handsomely-bound volume, the gift of Professor Longmore. After a few concluding remarks from Mr. Childers, the proceedings in the theatre, and the forty-first session of the Army Medical School, were brought to a close.

Mr. Childers, Prince Edward of Saxe-Weimar, and the officers and visitors who had been present in the lecture theatre, were subsequently entertained at luncheon in the spacious mess-room at the officers' quarters.

We publish on another page the lists of candidates for commissions in the various branches of the service, with the marks gained by them, who have just passed out of Netley.

MANCHESTER.

(*From our own Correspondent.*)

AT the last monthly meeting of the Board of the Royal Infirmary, the Medical Superintendent reported that one of the wooden structures, which so long have been an eyesore to the citizens of Manchester, had been removed, having been purchased by the Corporation of Bury as a temporary hospital for the reception of small-pox cases; he further reported that since its removal the annoyance to patients from the noise of traffic in the adjacent streets had much increased, thus further demonstrating the importance of paving the thoroughfares round the hospital with wood or some other noiseless material, the present noise being very detrimental to the comfort and quietude of the patients. The "therapeutic advantages of quiet" have been very much overlooked by the Corporation of Manchester, for, with the exception of St. Mary's Hospital (in front of which institution one-half of the street is paved with wood), the hospitals in this city are much inconvenienced by the constant roar of traffic which ceaselessly beats round them. Two hospitals in the centre of the town, the Eye Hospital and the Throat and Consumption Hospital, are rendered specially noisy by the absence of wood pavement. The thin skin of asphalt which was laid down experimentally upon the granite setts having worn off and left matters as they were originally.

The recent appointment to Cheadle Convalescent Home has caused great dissatisfaction amongst the students of the Manchester School, and again brought to the front an old grievance, they, rightly or wrongly, alleging, that in all our hospitals an undue preference is exhibited towards men from a distance, every appointment worth having being filled by graduates of London, Edinburgh, and elsewhere, to the exclusion of Manchester students. This mistaken policy is not that of the Medical School, but of the lay Boards of Management who control the appointments at the various hospitals.

At the last meeting of the Manchester Medical Society, which was a large and interesting one, Dr. Lloyd Roberts showed an ovarian cyst of large size, said at one time to have contained five or six gallons of fluid; he made some interesting remarks upon the use of the drainage-tube in ovarian and other abdominal sections, attributing largely to their use the very favourable results now obtained. Mr. Hardie narrated the case of a patient who had a tooth-plate fixed in his œsophagus for five months, and which resisted all attempts at removal, though it could be caught by a coin-extractor. It was finally passed per anum, the patient having declined œsophagotomy. Dr. Simpson exhibited a patient the subject of an aortic aneurism, and whose life had doubtless been prolonged by repeated galvano-puncture of the tumour. Dr. Bury also detailed the case of a young child who suffered from intussusception, and where fluid injections, and injections of air, had failed to relieve.

The report has just reached me, and it is with the greatest pleasure that I give it currency, that Drs. Leech and Dreschfeld, respectively lecturers on Materia Medica and Pathology at Owens College, have been appointed Professors. This is a graceful and well-merited acknowledgment on the part of the Senatus of the sterling worth and high teaching powers of these two gentlemen.

IRISH MEDICAL ASSOCIATION.

THE following resolutions were passed at a special meeting of the Council of this Association, held on Jan. 25th, 1881:—

1. That this Association, while reaffirming the resolutions of the Council adopted on the 27th July, 1880, as to the advantages of early notification of infectious disease, is of opinion that the proposal to compel the physician to make a formal written notification either to the Sanitary Authority or to the custodian of the patient, would, if carried into effect, be of doubtful advantage to the public and be oppressive upon the medical profession.

2. That this Association does not admit the principle that a physician should be required to apply to public uses the information obtained by him in his capacity of a private practitioner; and the Association furthermore apprehends that, if it be declared that the visit of a physician to a patient who may possibly be suffering from an infective disease shall be, of necessity, followed by the putting in motion of the Sanitary law with regard to the infected house, a great inducement will thereby be afforded to defer calling for the physician until the disease has acquired such intensity that it can no longer be concealed, and must be treated under great disadvantages.

3. That the Association cannot assent to the sacrifice of professional principles and medical interests, which the Bill now before Parliament involves, until the custodian of the patient has been made fully responsible, under penalties, both to ascertain from a medical practitioner the nature of the disease and to report the same to the Sanitary Authority; and until, after an effort made to enforce such responsibility with vigilance and firmness, it has been found to be impracticable to do so.

4. That, irrespective of the objectionable principles of the Bill already referred to, the proposals to pay to the physician one shilling for thirty days' notification of cases occurring in an infected house—to pay no fee whatever for such services in a public institution—to compel the physician to attend in court without fee to prove his certificate, if necessary, and to impose a penalty of £5 upon him for such omission to notify, are altogether unacceptable to the profession.

5. That, therefore, the Committee of this Association be instructed to take all necessary steps to cause the Bill to be modified in its passage through Parliament or to oppose its passing if necessary.

Correspondence.

"Audi alteram partem."

MR. LISTER'S ADDRESS.

To the Editor of THE LANCET.

SIR,—In the leading article which you have honoured me by devoting to my address to the Clinical Society on the catgut ligature you express a desire for further evidence as to the persistent strength of the new chromic gut after steeping in warm serum, the time during which I had tested it being little more than half an hour.

The serum which I employed for the purpose being derived from blood taken from a cow with antiseptic precautions, and being still perfectly sweet, I have made some further experiments, in accordance with your suggestion. I first tried the specimen of gut twelve years old, prepared by the old method, a portion of which I exhibited at the meeting steeped in serum. It is comparatively slender gut, having little more than half the thickness of the chromic gut with which I before experimented, the average diameter being 1⅔ hundredths of an inch. Two trials of it in the dry state gave 5 lb. 9 oz. as the average breaking strain,[1] and two other pieces, after steeping half an hour in the warm serum, broke at 3 lb. 14 oz. In other words, this especially well-seasoned sample of what the old method could provide was deprived by warm serum of about one-third of its strength in half an hour.

I next tested a piece of gut prepared three months ago by the new method, similar in thickness to the other—viz., having an average diameter of 1⅔ hundredths of an inch. Four trials with it in the dry state gave an average breaking strain of 6 lb. 15 oz. I then placed in the warm serum three other pieces of the same hank, after measuring their diameters. One of these pieces, with diameter 1⅔ hundredths of an inch, tested after it had been one hour in the serum, broke at a strain of 5 lb. 13 oz. Another piece, which when dry measured decidedly less in diameter than the first, was tried after being fourteen hours and a half in the serum, when it also broke at 5 lb. 13 oz. A third piece, just 1⅔ hundredths of an inch in diameter when dry, was left in the warm serum for twenty-four hours, at the end of which time it showed a breaking strain of 5 lb. 10½ oz. Thus the new gut continued as strong at the end of a day in the serum as it had been after the lapse of an hour, and lost in the serum only about one-seventh of its full strength in the dry state, a result corresponding very closely with that obtained in the former experiment with the thicker chromic gut after forty minutes' immersion. At the same time, the new gut being considerably stronger to start with than that prepared by the old method, its strength, after steeping for twenty-four hours in warm serum, was greater than that of the old kind in the dry state.

I felt pretty sure beforehand that the new gut would thus persistently retain its strength in the serum, because in numerous experiments which I had made as to its quality after immersion in that liquid, I had observed not only the holding power of a knot tied upon it, but also its consistence, and I had found it as firm after the lapse of two days as after a couple of hours. But in reality it is only for the tightening up of the knot that great strength of the catgut is required; and, having ascertained that the new gut was little impaired in resisting power by steeping in warm serum for as long a time as was ever likely to intervene between the passing of a thread by the surgeon and the tying of the knot, I felt I had all the evidence that I desired. For it has never happened, so far as I am aware, that a ligature of catgut, when once the knot has been secured, has proved treacherous in the way of rupture of the cord. When mishap has followed its use, it has been either from slipping of the knot, from premature softening and absorption of the substance of the catgut, or, last not least, from putrefaction having been allowed to take place in the wound.

I am not surprised you should have seen an apparent inconsistency in the idea that micrococci, which are harmless in ordinary wounds treated antiseptically, should have been the cause of the separation of the hempen ligatures by suppuration in the case of thyroid tumour. I may therefore, perhaps, be allowed to say in explanation that the difference in effect between the micrococci developing indefinitely in the interstices of the thick hempen threads and the same organisms on the surface of an organising blood-clot washed perpetually by serous discharge and occasionally by antiseptic lotions, seems analogous to the unhealthy ulceration occasioned by water-dressing left unchanged for several days, as compared with kindly healing under the same application daily renewed. The organisms present in the water-dressing are probably the same in both cases, but the longer duration of their fermentative agency gives rise to greater acridity of the products.

I am, Sir, yours obediently,

Feb. 8th, 1881. JOSEPH LISTER.

*** We are extremely glad that our remarks last week have been the means of eliciting from Mr. Lister the evidence which was certainly required to make the credentials of his new ligature unimpeachable. These results are such as to commend the thread very strongly to all surgeons. It is not desirable to mix up with this matter a discussion on the influence of micrococci upon the healing of wounds, but in reference to Mr. Lister's remarks on this point, we would merely state that the analogy he draws seems not quite parallel, and there is at least one other view of the matter to be taken. Does not the organising blood-clot, he refers to, by its own inherent vitality prevent the noxious development of these micrococci, while the secretions of a suppurating wound have no such power?—ED. L.

[1] It may be worth while to describe the manner in which the strength of the gut was tested in these experiments. A piece of steel of horseshoe form is suspended by a ring on the middle of its convexity, so that the horns of the horseshoe are dependent, these horns being perforated for the reception of a cylindrical bolt of steel, which thus lies horizontally, and can be removed at pleasure. A piece of the catgut having been tied in a double reef knot, the bolt is partially withdrawn and readjusted after the noose of the catgut has been slipped over it. Into the lower part of the catgut ring thus suspended is passed the upper end of a pot-hook, to the lower part of which are attached weights approaching what the catgut is likely to bear, and also an empty bag, into which shot is poured till the cord gives way. The shot is weighed, and the result, added to the other weights, gives double the breaking strain of the gut. For as the cylindrical bolt works with perfect smoothness in its bed, it adjusts itself so as to prevent inequality of strain in the two sides of the catgut ring, which thus take an exactly equal share in sustaining the weight.

STATISTICS OF OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—I hold that the statistics of all hospitals are public property; I know that this is the view of many of the most eminent members of the profession, and I believe that it is general. Hence I cannot admit any breach of professional etiquette in using the statistics of the hospital to which I am surgeon; neither can I admit that my use of them was in any sense "an incomplete and *ex parte* statement of results," for I gave the complete ovariotomy statistics of the Samaritan Hospital for the nine years from the beginning of 1872 to the end of 1880, both inclusive. Had I known that Dr. Bantock regarded hospital statistics as private property, I might have confined my remarks to my own cases only; but it is of importance to all those who are anxious to compare different modes of practice, that the actual results should be made known, so far as they can be accurately ascertained.

I am, Sir, yours truly,

J. KNOWSLEY THORNTON.

Park-street, W., Feb. 8th, 1881.

SPLINT FOR BOW-LEGS IN CHILDREN.

To the Editor of THE LANCET.

SIR,—During twenty years' practice I have often found myself in a great difficulty with regard to treating the very common affection of bow-legs in young children, and especially in cases not depending on disease. I admit in starting that I have succeeded in straightening some with the leg-iron, but it is a cruel instrument to place on the leg of a child beginning to walk, owing to its weight being fully half a pound, together with the attached boot, which must of necessity be worn with it. Another drawback to it for general use is its great expense, which places it completely out of the reach of the majority. In fact, the leg-iron is only suitable for the different forms of talipes, but for want of a better appliance I have used it myself in cases of bow-legs, there being nothing beside it so far to be had except the common straight padded wooden splint, which is comparatively useless owing to the impossibility of keeping it in position unless the child be kept constantly lying, a resort to which would be out of the question in a healthy child of a year old, the proper time to interfere; besides, the common straight splint requires to be bandaged on, and if not done evenly must worry the little patient.

There is another great objection to those two appliances, their unsightly appearance, in itself enough to deter almost anyone from adopting them, even if the parents could be persuaded of their complete success, as they attract attention so much to the deformity. Very often, if you ask the parents, as their children are growing up with bow-legs, why they had not attended to them in infancy, the general answer is, "The doctor told us they would become straight as the child grew up." And why do the doctors say so? Simply because there is not an effectual light and cheap appliance to be had for the purpose.

The splint I wish briefly to bring before your notice, and of which I subjoin a woodcut, professes to remove those

wants and disadvantages, as it combines lightness, cheapness, durability, easy application, together with sightliness and comfort to the child, the whole apparatus weighing little over two ounces, neither wood nor iron entering into its composition. It is adapted from the patent plastic felt, and for which there are already two patents, but neither of which has before been used for this purpose. When this material was first introduced to my notice I at once was struck with the idea of trying it for bow-legs. At first I applied it on the outside of the leg, making the bow part my fulcrum; but, from experience, found that did not suit; then I adapted it to the inside, making the fulcrum at the garter and ankle-joint, with the desired result.

In order to secure a perfect fit it is necessary to have it moulded to the leg in its soft condition, thus adapting itself closely to the parts, on which it is intended to press evenly, leaving the curve free. The top and bottom straps are merely for the purpose of keeping the splint in position, and the centre broad one to act on the curve with pressure as necessary. It covers the ankle-joint, to which it is moulded, slightly padded as well as at the top, and extends far enough below it to prevent the foot turning inwards, as it is generally inclined to do in those cases either with or without weak ankles, but not in the least impeding the action of the joint. As it is shaped to the calf, and extends more than half way around it, there is not the least fear of its changing position. This I have proved in several cases, and which I think one of its greatest advantages.

I have applied this splint in cases of rickety children, and with even more speedy success, as the bones adapt themselves with less pressure. It may be applied when the child is six months old, and, if the legs are not sufficiently straight, at twelve months. Shoes or light boots should be worn with it; but on no account to use strong leather boots with the idea of supporting the ankles.

Without encroaching too much on your space, I hope I have said sufficient to explain what I trust may be found a useful appliance in this very common deformity among children, and which I am confident requires only to be tried to prove its utility.—I am, Sir, &c.,

Oakley-street, Chelsea. H. FISHER, M.D.

"WOOLSORTERS' DISEASE."

To the Editor of THE LANCET.

SIR,—Dr. Tibbits practically asks me to repeat in full detail, with drawings and specimens, my third and fourth Brown Lectures. In these lectures I dealt in detail with the points which he has raised, and subsequently demonstrated a large number of specimens, photographs, &c., on which the conclusions were based, and by which they are mainly sustained. I regret that in the nature of things it is impossible for me to repeat this in your columns. If, however, Dr. Tibbits will read the admirable abstracts furnished by your reporters, he will, I think, find many of his queries answered. For the rest, I trust that in my report on the pathology of the disease to be made to the medical officer of the Local Government Board he will find sufficient detail of evidence to satisfy him, and I shall always be happy to assist the Bradford Commission in any way in my power.

Yours faithfully,

Feb. 7th, 1881. W. S. GREENFIELD.

MEDICAL NOTES IN PARLIAMENT.

Noxious Gases.

IN the House of Lords on Monday a Bill relating to Alkali Works was read a first time. The Marquis of Huntly said he proposed to take the second reading on the 15th inst.

Rivers Conservancy and Floods Prevention Bill.

On the motion of Earl Spencer the following Peers were nominated the Select Committee on this Bill:—Earl Spencer, the Duke of Somerset, the Duke of Bedford, the Duke of Marlborough, the Marquis of Huntly, the Earl of Derby, the Earl of Sandwich, the Earl of Jersey, the Earl of Camperdown, Viscount Bury, Lord Monson, Lord Penrhyn, and Lord Norton.

In the House of Commons on Thursday, February 3rd, the Burial and Registration Acts (Doubts Removal) Bill (Lords) was read a third time, and passed. The order for the second reading of the Medical Appointments Qualifications Bill was deferred for a week. The atmosphere in the House throughout this sitting was oppressively warm; and Sir G. Campbell gave notice of a question to the First Commissioner of Works on the subject.

On Friday a petition for inquiry into the East India Army Medical Department was presented from Arthur Barclay.

On Monday a petition was presented from John Pickhall for redress in connexion with the Indian medical service. Returns were presented of correspondence and evidence relating to inquiries at Dromore and Belfast workhouses. In reply to Sir George Balfour and Mr. Pugh, the Marquis of Hartington said he hoped shortly to present to Parliament papers connected with the recent changes in the Indian Medical Department.

On Tuesday a return was moved for by Sir George Balfour on behalf of Mr. John Talbot, and ordered, of the

number of all deaths in the metropolitan district in the year 1880 upon which a coroner's jury have returned a verdict of death from starvation or death accelerated by privation. The Universities (Scotland) Voting Bill passed through committee.

On Wednesday a further petition in connexion with the India Medical Department was presented from Nathaniel Hopkins. The second reading of the Coroners (Ireland) Bill was deferred for a week.

The Small-pox Epidemic.

Mr. J. G. Talbot asked the President of the Local Government Board whether he can inform the House as to the present condition of the epidemic of small-pox in the metropolis, and as to the available accommodation for small-pox cases in the hospitals which were under the control of the Local Government Board; and whether he would lay upon the table any communications which he had received from the managers of the Metropolitan Asylums District upon the subject? Mr. Dodson said the actual number of small-pox patients in the hospitals under the control of the Local Government Board was 700. Arrangements were being made by the managers, to whom great praise was due for their efforts, for increased accommodation, and 250 additional beds would be placed at their disposal. If it were not for the unfortunate proceedings pending in relation to the Hampstead Hospital case, 300 more beds would have been available for small-pox patients for that establishment. He had no objection to lay upon the table communications from the managers to the Local Government Board, and the replies of the Board thereto. Mr. W. M'Cullagh Torrens asked whether experience had shown that the aggregation of small-pox patients in the metropolitan asylums had frequently been attended with a serious outbreak of the disease in the surrounding houses; whether the number of deaths in the metropolis from small-pox since 1870 had not on the average been twice as numerous as in the previous eleven years; and whether any steps were about to be taken to provide more effectually than under the present system for the prevention and cure of the disease. Mr. Dodson said, it had been alleged that the residents of houses surrounding these hospitals had suffered from the small-pox, and he had directed an inquiry to be made as to the truth of the allegation. Until the inquiry had been made it would be premature for him to express an opinion on the point. In answer to the second question, he had to say that there was no doubt that the average number of deaths from small-pox in the interval since 1870 had been largely in excess of that in the previous eleven years, but that arose from the fact that the latter period includes the very exceptional year of 1871. The deaths since 1870 amounted to 15,533, of which 7878, or more than one-half, occurred in the following year of 1871. If, however, the twelve years of 1860-71 be compared with the nine years 1872-80 it would be found that in the latter period the average number of deaths was only 850, against 1425 in the former periods. As regarded the steps taken to prevent the spread of the disease, he had recently caused circulars to be addressed to the various sanitary authorities and Boards of Guardians, pointing out measures for adoption, with the view of securing vaccination and revaccination as far as practicable. He was glad to state that the local authorities generally had made a ready response to that appeal.

Obituary.

FLEET-SURGEON GEORGE HENRY DABBS.

MR. DABBS was a Fleet Surgeon in the Royal Navy at the time of his decease, which took place on Jan. 30th, at the age of seventy-nine. He was on the active list for over twenty years, serving on the West Indian station (in charge of the Jamaica-hill Hospital), in South America, and as one of the surgeons of the Legion which served under Sir De Lacy Evans in the Carlist war. Subsequently he became surgeon of the Convict Hulks at Woolwich, and while in this service did good work in the outbreak of cholera (of 1848?). While on duty at the hulks, Mr. Dabbs was assaulted by a prisoner with murderous intent, but recovered completely in all but the loss of his hearing, deafness becoming more and more confirmed as age crept on him. For many years, however, he did the whole of the duties, unaided, of the convict prison at Parkhurst, and was only superseded in the charge of the whole management of the prison rendering his supersession necessary. He lived subsequently, and practised a little, at Newport, Isle of Wight, removing latterly to Buckland, Hants, where he died. He was a man of a singularly mild, placid, and gentle nature; but with these combined futility of resource and boldness in action. His personal influence over prisoners was great, as was the esteem in which he was held by all who knew him. His affliction, which gave so much solitude to his life, never in the least interfered with the expression of his deep human sympathies, or with the free-handed if silent charity he even extended towards those who were in want, or those with whom he differed in opinion.

Medical News.

BRITISH ARMY MEDICAL SERVICE.—The following is a list of Surgeons on probation who were successful at both the London and Netley examinations held in the present month. In the instances of these gentlemen the marks gained at Netley are not counted, and they retain the places taken by them in the competitive examination at London:—

	Marks.		Marks.
S. A. Crick	2510	L. W. Swabey	1610
J. R. Dodd	2349	R. Haselden	1605
A. J. Struthers	2230	R. E. Ricketts-Morse	1600
G. E. Twiss	2230	W. J. B. Lyons	1590
R. F. Adams	2225	W. Rowney	1590
C. G. D. Mosse	2135	T. J. R. Lucas	1565
A. B. Cottell	2075	C. J. Addison	1560
T. Archer	2035	A. G. Kay	1560
S. G. Hamilton	2035	W. W. Pope	1560
H. J. R. Moberly	1990	R. Porter	1560
A. P. Hart	1955	R. C. K. Laffan	1555
H. J. Barnes	1930	C. A. P. Mitchell	1555
R. H. S. Sawyer	1990	G. J. Coates	1550
W. G. A. Bedford	1920	G. W. H. Cook	1545
R. Jennings	1910	T. B. A. Tuckey	1535
S. C. B. Robinson	1880	F. A. Harris	1515
H. S. Parker	1840	C. B. Lewis	1500
T. F. W. Fogarty	1825	T. H. Parke	1450
R. W. Ford	1825	F. A. B. Daly	1445
G. J. Coutts	1820	A. S. Rose	1445
A. Sharpe	1800	D. L. Porter	1430
C. L. Young	1800	J. Battersby	1425
C. Reid	1780	J. Maconachie	1415
W. J. Baker	1770	A. H. Morgan	1405
A. T. Sloggett	1755	C. H. Dixon	1400
R. R. K. Elmes	1715	T. Moynihan	1375
H. K. Allport	1700	M. W. O'Keeffe	1370
E. Butt	1680	T. J. O'Donnell	1360
S. Townsend	1680	J. Osburne	1355
T. H. P. Woodhouse	1675	H. E. R. Wolrige	1355
J. Gibson	1650	R. P. Hetherington	1315
J. H. A. Rhodes	1625	R. C. Johnston	1295
A. Hickman	1620	T. A. Dixon	1270
T. C. Nugent	1620	W. C. T. Poole	1250
G. S. Lewis	1610		

INDIAN MEDICAL SERVICE.—The following is a list of candidates for commissions as Surgeons who were successful at both the London and Netley examinations held on Feb. 7th. The marks given are the total number gained by them at both the London and Netley examinations:—

	Marks.		Marks.
*G. M. J. Giles	5410	F. S. Peck	3900
A. R. W. Sedgefield	5017	K. H. Mistri	3890
J. L. Vangeyzel	4953	W. Deane	3785
A. F. Ferguson	4540	P. De Conceiçao	3715
E. F. H. Dobson	4305	G. E. Fooks	3657
†J. Shearer	4275	K. C. Sanjana	3615
S. Hassan	4230	J. W. T. Anderson	3555
R. J. Polden	4135	H. M. Hakin	3552
H. C. Banerji	4070	J. A. Burton	3550
H. N. V. Harington	4007	F. J. Doyle	3520
S. C. Nandi	3920	M. J. Kelawala	3514
G. M. E. McKee	3913	P. H. W. Boon	3430
A. H. Pierson	3895	M. P. Kharegat	3280

* Gained the Herbert Prize and the Parkes Memorial Bronze Medal.
† Gained the Maclaine Prize in Military Surgery.

NAVY MEDICAL SERVICE.—The following is a list of candidates for commissions as Surgeons who were successful at both the London and Netley examinations held in the present month:—

	Marks.		Marks.
W. J. Christie	3030	G. F. Wales	3150
J. J. Dinnis	3290	M. V. Stace	3030

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 3rd:—

Dunlop, James Hay, Upper Norwood.
Gabe, John Bernard, Morriston, near Swansea.

The following gentleman also on the same day passed his Primary Professional Examination:—

Cranstone, William Lefevre, University College.

At the Arts Examination recently held the following gentleman passed in the Second Class:—

Wakeham, Charles Henry.

GUY'S HOSPITAL.—Sir Richard Cross has just been elected a Governor of this institution.

ROYAL COLLEGE OF SURGEONS.—The library of this institution will be closed this day (Saturday), Monday, and Tuesday.

IT is proposed to establish a Cottage Hospital at Southend, and a provisional committee has been formed for the purpose of collecting subscriptions.

THE collections on Sunday, the 30th ult., in the churches and chapels of Hastings and the neighbourhood on behalf of the local medical charities amounted, so far as at present ascertained, to £401 12*s.* 1*d.*

SUPERANNUATION ALLOWANCES.—The following Poor-law medical officers have received superannuation allowances: Mr. J. E. M. Williams, lately of the Bleau Union, £50; Mr. Edward Bates, lately of the Cardiff Union, £30; Mr. T. Collingwood, lately of the Rochdale Union, £75.

AT the annual meeting of the subscribers to the City of London Truss Society, last week, it was stated that since the foundation of the institution in 1807, 369,515 patients had participated in its benefits. The income during the past year had been £4780, and the expenditure £4718.

CARDIFF MEDICAL SOCIETY.—At the annual meeting the following gentlemen were elected officers for the present year:—President: Dr. M. G. Evans, Vice-President: Dr. Thomas Wallace. Committee: Messrs. Hardyman, Campbell, Buist, and Treharne. Honorary Secretary and Treasurer: Mr. T. Garrett Horder.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for efficient vaccination in their respective districts:—Mr. W. E. Baylie, of the Fourth District of the Blything Union. Mr. P. B. Stoney, public vaccinator for the Millom district of the Bootle Union (third time).

AT the annual meeting of subscribers to the Dewsbury and District General Infirmary it was stated that the project for erecting new buildings for the charity was making satisfactory progress. The amount in hand and promised has reached nearly £8000. It is expected that the work will have sufficiently advanced to allow of the corner-stone being laid in the coming spring.

ULSTER EYE, EAR, AND THROAT HOSPITAL.—During the past year the number of new patients treated amounted to 1949, which included 146 admitted to the wards of the hospital. Of the extern patients, 1295 paid a fee of one shilling, while 654 were treated without charge. The Managing Committee have also endeavoured to carry out the same principle in the intern department; some patients being admitted free; but the majority are paid for principally by the unions to which they are chargeable, and by these means a sum exceeding £200 has been obtained.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.—The thirty-third annual meeting of this Association was held at the Grosvenor Hotel on Friday, the 28th January, 1881. The report of the committee showed the growing prosperity of the Association, there now being 121 members. It was stated that the first annual dinner was held on the 25th ult., Dr. Simpson, President, in the chair. The attendance was large, and included visitors from Liverpool, Blackpool, Bolton, Oldham, &c. The following is a list of office-bearers for 1881:—President: Dr. John Roberts. Vice-Presidents: Drs. Henry Simpson and Thorburn, Messrs. Dacre Fox and R. B. Smart. Treasurer: Dr. Joseph Stone. Secretaries: Dr. A. Wahltuch and Mr. J. Broadbent. Committee: Drs. Addy, Ashby, Barlow, A. M. Edge, J. S. Fletcher, A. Emrys-Jones, Ledward, Mallett, Peatson, Pierce, Ward, and Mr. Cullingworth.

AT the Liverpool County Court a tradesman was fined £5 with costs for having used the title of "druggist," he not being registered. The action was brought under the Pharmacy Act by the Council of the Pharmaceutical Society.

PROFESSOR PARKER, F.R.S., commenced his annual course of lectures on the Structure of the Skeleton in the Sauropsida, in the theatre of the Royal College of Surgeons, on Wednesday the 2nd inst. The following is his programme of the nine lectures:—Lecture 1: The principal points in the Classification and Development of the Sauropsida. 2: Lizards. 3: Snakes. 4: Turtles. 5: Crocodiles. 6: Extinct Reptiles and Birds. 7: Struthious Birds. 8 and 9: Carinate Birds.

AT the sixth annual meeting of the Glasgow Association for the Relief of Incurables it was stated that since the formation of the Association in 1875 no fewer than 519 persons had enjoyed its life benefits. The income for maintenance purposes for 1880 was £3496, the expenditure £3570. This charity, being one of the few medical charities which do not rob medical men of their patients by providing gratuitous relief for those who do not require it, is worthy of the most hearty support.

HOSPITAL SUNDAY FUND.—On Monday afternoon a meeting of the Council of the Hospital Sunday Fund was held at the Mansion-house under the presidency of the Lord Mayor, M.P. A donation (the second) of £105 from the trustees of the late Mr. James Drew was announced. Sir E. H. Currie and Mr. R. B. Martin, M.P., were unanimously reappointed honorary secretaries, and Mr. Henry N. Custance secretary of the Fund. The General Purposes Committee and the Committee of Distribution were re-elected, and the meeting, which was simply formal, closed with a vote of thanks to the Lord Mayor for presiding.—A denominational analysis of the Metropolitan Hospital Sunday Fund, published by one of the religious journals, goes to show that of the £28,000 received at the Mansion House in 1880, nearly £22,000 was contributed by congregations of the Established Church, £500 by the Roman Catholics, £2000 by the Independents, and £1100 by the Baptists.

GLASGOW EYE INFIRMARY.—The fifty-seventh annual report of this institution states that in the year 1880 the number of cases dealt with was 9521, being 707 more than during the previous year. Of these, 4899 were dismissed cured by ordinary treatment, and 839 cured by operation; relieved by ordinary treatment 847; by operation 125; dismissed incurable 34. Thus it seems that no less than 85 per cent. of those passing through the institution had been completely cured either with or without operation, while 14 per cent. had been relieved, leaving barely one per cent. sent out as incurable. The financial position of the institution had also improved, an increase of income from every source being noted. This increase is specially noticeable in the artisans' subscriptions—a very pleasing fact, as it shows that the class for whose particular benefit the infirmary was established continues to appreciate its value.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning, at the latest*

ABBOTT, C. E., M.R.C.S.E., L.K.Q.C.P.I., has been appointed Medical Officer of Health to the Braintree Union Rural Sanitary Authority, at a salary of £150 per annum, until December 25th, 1883.

BATTERHAM, J. W., M.R.C.S.E., has been appointed House-Physician to the Royal Hospital for Diseases of the Chest, City-road, vice W. H. Jessop, M.B., resigned.

BEALE, E. C., M.A., M.B., M.R.C.P., has been appointed a Physician to Out-patients at the Great Northern Hospital, vice Dr. Ormerod, resigned.

BLANDFORD, J. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Norton District of the Stockton Union, vice Murray, resigned.

BLUNT, T. P., F.C.S., has been reappointed Public Analyst for the County of Montgomery.

BOTT, H. S., M.R.C.S.E., L.S.A.L., has been appointed House-Surgeon to the Manchester Royal Infirmary.

CADMAN, A. W., M.R.C.S.E., has been appointed House-Surgeon to the Manchester Royal Infirmary.

CARTER, D'ARCY B., M.R.C.S.E., L.R.C.P.Ed., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.

CLARKE, W. B., F.R.C.S., Demonstrator of Anatomy at St. Bartholomew's Hospital, has been appointed Surgeon to the West London Hospital, Hammersmith.

DALE, F., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the Manchester Royal Infirmary.

DOWDING, A. W. W., M.B., M.S., L.R.C.P., M.R.C.S.E., has been appointed a Clinical Assistant at the London Hospital.

DUKE, A., M.D., M.R.C.S.E., has been appointed Honorary Medical Officer to the Folkestone Infirmary and Dispensary.

FROST, W. A., F.R.C.S., has been appointed Assistant Ophthalmic Surgeon to St. George's Hospital.

GRAY, J. A., M.A., M.D., M.R.C.P.Ed., has been appointed a Visiting Medical Officer to the Leith Hospital, Edinburgh, vice R. Macnair, M.D., resigned.

GRIMWOOD, H. C., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health to the Pontefract Urban Sanitary Authority, vice Atkinson, whose appointment has expired.

HARVEY, Mr. S., has been reappointed Public Analyst for the Borough of Sandwich.

HATCH, W. K., M.B., C.M., Surgeon, Bombay Army, has been appointed Professor of Pathology in the Grant Medical College, Bombay.

JACOBS, H. R., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Third District of the Brackley Union.

LITTLE, J., M.D., F.K.Q.C.P.I., L.R.C.S.I., has been appointed Consulting Physician to the Rotunda Hospital, Dublin.

PAYNE, H., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Physician to the Manchester Royal Infirmary.

PEDDIE, A., M.D., F.R.C.P.Ed., has been appointed Consulting Physician to the Edinburgh Dental Hospital, vice Sanders, resigned.

PICKFORD, J. K., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Liverpool Dispensaries, vice Dr. J. E. Hifferman, resigned.

RICHARDSON, C. S., L.K.Q.C.P.I., L.R.C.S.Ed., has been appointed Medical Officer for the Austrey District of the Tamworth Union.

STEELL, G., M.D., M.R.C.P.L., has been reappointed Resident Medical Officer to the Manchester Royal Infirmary.

STREET, A. F., M.A., M.B., M.R.C.S.E., has been appointed Junior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

WATSON, F. S., M.R.C.S.E., L.S.A.L., has been appointed Resident Obstetrical Officer to Charing-cross Hospital, vice W. J. Clarke, resigned.

WILCOX, R. W., M.R.C.S.E., L.S.A.L., has been appointed Honorary Surgeon to the Buckinghamshire General Infirmary, vice R. Ceely, deceased.

WILKINGTON, G. H., M.R.C.S.E., has been appointed House-Surgeon to the Manchester Royal Infirmary.

Births, Marriages, and Deaths.

BIRTHS.

BUSHE.—On the 29th ult., at Lower Leeson-street, Dublin, the wife of Cecil J. L. Bushe, Esq., M.B., Army Medical Department, of a son.

MURRAY.—On the 22nd December, at Idlewild, Hongkong, the wife of Surgeon-Major Murray, Army Medical Department, of a son.

REID.—On the 30th ult., at 12, Bridge-avenue, Hammersmith, the wife of John Reid, M.D., of a son.

SUTCLIFFE.—On the 7th ult., at Burnley, Lancashire, the wife of Alfred Sutcliffe, F.R.C.S., of a daughter.

YOUNG.—On the 31st ult., at Rose-bank, Merton-road, Bootle, near Liverpool, the wife of T. Frederic Young, L.K.Q.C.P.I., M.R.C.S.E., of a daughter.

MARRIAGES.

HUTCHINSON—WOOD.—On the 20th ult., at Christ Church, High Harrogate, S. J. Hutchinson, M.R.C.S.E., of Brook-street, Grosvenor-square, to Jeannie, youngest daughter of G. Wood, Esq., of Grosvenor Villas, Harrogate.

NEALE—CARSTENS.—On the 29th December, 1880, at St. Andrew's, Port Nolloth, Namaqualand, by the Rev. C. E. Jones, John Edward Neale, Surgeon, eldest son of Dr. Richard Neale, of South Hampstead, London, N.W., to Ellen Marie, second daughter of Captain R. Carstens, of Port Nolloth. No cards. Foreign papers, please copy.

RENTOUL—ISHERWOOD.—On the 5th inst., at the Pro-Cathedral Church, Liverpool, Robert Reid Rentoul, M.D., M.R.C.S., of Ballymoney, County Antrim, to Laura Constance, elder daughter of the late R. R. Isherwood, Esq., of Guisnes Court, Essex.

SANDWELL—LLOYD.—On the 9th inst., at the Parish Church, Thurles, co. Tipperary, by the Rev. Canon Harley, M.A., assisted by the Rev. C. S. Cooke, Rector, Edward Sandwell, L.R.C.P. & M.R.C.S.E., of Charles-street, Soho-square, W., to Eliza, second daughter of C. H. Lloyd, Esq., J.P., of Lisheen Castle, Templemore, co. Tipperary, Ireland. No cards.

DEATHS.

AITCHISON.—On the 3rd inst., at 8, George-square, Edinburgh, George Aitchison, M.A., M.D., F.R.C.P.E.

CAHILL.—On the 6th inst., at 26, Albert-gate, Hyde-park, after a protracted illness, Thomas Cahill, M.D. R.I.P.

DONALD.—On the 4th inst., at his residence, Sydney-place, Bath, after a long and painful illness, John Donald, F.R.C.S.E., Deputy Inspector-General of Military Hospitals, and formerly of Her Majesty's 24th Regiment.

HAYDEN.—On the 2nd inst., at Frogmore House, High Wycombe, William Henry Hayden, M.R.C.S.E., aged 68.

OLDHAM.—On the 5th inst., at West Hartlepool, R. Oldham, F.R.C.S.E.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, February 10th, 1881.

Date.		Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Dry Bulb	Wet Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb.	4	29·46	S.W.	48	47	..	51	45	·01	Overcast
,,	5	29·40	W.	46	43	..	50	43	·03	Overcast
,,	6	29·24	N.W.	36	33	..	42	32	..	Bright
,,	7	30·07	S.	34	33	..	49	29	..	Foggy
,,	8	29·21	W.	48	45	..	51	32	·38	Cloudy
,,	9	29·75	N.W.	45	42	..	51	42	·01	Cloudy
,,	10	29·04	S.W.	51	50	..	53	39	·20	Cloudy

Medical Diary for the ensuing Week.

Monday, Feb. 14.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

ROYAL INSTITUTION.—3 P.M. Mr. Francis Hueffer, "On the Troubadours."

MEDICAL SOCIETY OF LONDON.—8½ P.M. Dr. Gilbart Smith will exhibit a Specimen of Stricture of the Œsophagus due to Malignant Disease.—Mr. Royes Bell will show a Case of Atrophy of Testicle following a Blow.—Mr. J. C. Wordsworth, "On Defects of Sight said to be due to Railway Accidents."—Dr. J. Milner Fothergill, "On the Prospects of Cases of Valvular Disease of the Heart."

Tuesday, Feb. 15.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 3 P.M.

ROYAL INSTITUTION.—3 P.M. Professor Edward A. Schäfer, "On the Blood."

PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following specimens will be shown:—Series of Specimens of Tubercular Disease of Joints; Specimens of Synovial Tuberculosis; Abscess of the Liver; Congenital Truncation of Forearm; Unilateral Hypertrophy of Head and Face; Tumour of Spinal Cord; Degeneration of the Breast; Sacral Tumour containing Fœtal Structures; Congenital Sacral Tumour (card); Cystic Disease of Kidneys and Liver.

Wednesday, Feb. 16.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—7.45 P.M. Council Meeting.—8½ P.M. Mr. T. Edgelow, "On Casual Communications."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor W. K. Parker, "On the Structure of the Skeleton in the Sauropsida."

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND SCIENCES.—Mr. Sedley Taylor, "On the Participation of Labour in the Profits of Enterprise."

Thursday, Feb. 17.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

ROYAL INSTITUTION.—3 P.M. Prof. Pauer, "On Drawing-room Music."

HARVEIAN SOCIETY.—8½ P.M. Dr. Weakes, "On Cases of Laryngeal Disease."—Dr. Cheadle, "On the Treatment of Empyema."

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—5 P.M. Dr. J. Hughlings Jackson, "On Clinical Varieties of Hemiplegia."

Friday, Feb. 18.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor W. K. Parker, "On the Structure of the Skeleton in the Sauropsida."

ROYAL INSTITUTION.—3 P.M. Sir John Lubbock, "On Fruits and Seeds."

Saturday, Feb. 19.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

ROYAL INSTITUTION.—3 P.M. Mr. R. S. Poole, "On Ancient Egypt."

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Local papers containing reports or news-paragraphs should be marked.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Lectures, original articles, and reports should be written on one side only of the paper.

We cannot prescribe, or recommend practitioners.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

THE REGISTRAR-GENERAL AND MEDICAL OFFICERS OF HEALTH.

A MEDICAL OFFICER OF HEALTH informs us that he recently applied to the Registrar-General asking to be supplied with information for use in the compilation of his annual report, and was refused on the ground that, owing to the number of such applications, he (the Registrar-General) finds it impossible to supply such information by letter in anticipation of the publication of his official returns. Bearing in mind that there are now about 1600 sanitary districts, and nearly as many medical officers of health in England and Wales, we cannot agree with our correspondent that this decision is unreasonable. We have turned to the Registrar-General's Quarterly Return, published last week, and find the information required by our correspondent. The birth-rate in England and Wales during 1880 was equal to 34·6, and the death-rate to 20·7 per 1000 of the estimated population.

A Constant Reader.—1. It depends wholly upon the action of the guardians, but we should think not.—2. We should suppose that the retention of the one appointment would militate against the superannuation allowance of the other.

Dr. H. M. Thompson.—Our correspondent is referred to Child's "Essays on Physiological Subjects" and to Ribot on "Heredity."

W. C. H. (Liverpool).—We are not aware that any observations have been made on this subject.

THE MORRIS FUND.

To the Editor of THE LANCET.

SIR,—Will you do me the favour to acknowledge in your next issue the receipt of the following sums on behalf of Mrs. Morris, for whom an appeal was made in your journal of the 5th inst. :—

A Surgeon, London, £5; Dr. and Mrs. Tuckwell, Oxford, £3 3s.; A. Steadman, Esq., Great Bookham, £1; W. Y. Martin, Esq., Walkden, 6s.

I am, Sir, yours very truly,

Ewell, Surrey, Feb. 9th, 1881. GEO. R. BARNES, M.D.

CHIAN TURPENTINE IN CANCER.

To the Editor of THE LANCET.

SIR,—Allow me just to mention, in reply to Dr. R. Neale's strictures in THE LANCET of Saturday last, that in the case of Mrs. C—— (which I recorded in the issue of January 22nd) the strychnine and iron mixture was not prescribed until she had been taking the Chian turpentine for fully three weeks. The improvement commenced within one week of the turpentine treatment, and was very marked, "the sleep and appetite returned, and the pain vanished." I simply ordered the strychnine and iron as nervine tonic and blood restorer, but relied chiefly on the Chian turpentine all through the case.

It is only a supposition on Dr. Neale's part that pain ceased because some sensitive nerves were destroyed or pressure removed by the breaking down of the mass. All I can say is that the poor woman began to get relief when she commenced the turpentine treatment, which, in my estimation, was more than a mere "coincidence," and fully persuaded me that we have in Chian turpentine a therapeutic agent of some power in at least giving great relief in the sufferings of cancer.

I am, Sir, yours truly,

H. A. ALLBUTT, M.R.C.P.E., &c.

Park-square, Leeds, Feb. 7th, 1881.

Mr. Oswald Orton.—There is no London agency for Hartnack's microscopes. Our correspondent must write to Messrs. Hartnack and A. Prazmowski, 1, Rue Bonaparte, Paris.

Dr. Byrom Bramwell's letter is, owing to its length, unavoidably held over till next week.

ANIMAL LIGATURES.

DR. J. L. NEILSON, of the Brooklyn Naval Hospital, contributes to the *New York Medical Record* the following historical note extracted from a southern professional journal dated September, 1847 :—

"Dr. W. S. Wragge, in a paper on the use of animal ligatures, states that he has been in the habit of using these ligatures for upwards of ten years, and for several years he has used none but these. In the course of this period he has tied the arteries of the fingers, hand, forearm, arm, leg, and thigh, and he has never seen any symptom result from which he could infer that the knot had not been removed by absorption. From the facts he has observed he deduces the following inferences: 1st, that the deer-sinew ligature, if properly applied, will effectually arrest hæmorrhage from vessels even of large size; 2nd, that they produce less inflammation of the living tissues with which they are placed in contact, during the time they remain as foreign bodies in these tissues, than other substances; 3rd, that they are susceptible of being absorbed and carried away by the action of the living parts in the midst of which they are placed."

DESQUAMATION AFTER SCARLET FEVER (?)

To the Editor of THE LANCET.

SIR,—My son is at a large public school near London. He was to have returned home for his Christmas holidays on the 20th of Dec. last, but on the 19th of Dec. I received a letter from the head-master, saying that on the previous day (Dec. 18th) he was found to be suffering from scarlatina, and, very properly, had been placed in the infirmary attached to the school, and of course could not be removed. I proceeded to the school at once, and saw the medical gentleman attending him, who informed me that the attack was unusually light, that there was an entire absence of fever, and that it was with the greatest possible difficulty he could detect any eruption. To my surprise I received a certificate from his medical attendant on Dec. 29th, stating "that my son might be permitted to join his friends on Saturday, the 8th of January, without the slightest risk to anyone." Notwithstanding this very decided opinion I followed the advice of medical friends, and, considering that the 8th of January was only three weeks from the date of the attack, and the other members of my household never having had this fever, I removed him to the seaside, and placed him suitably. On the 26th of January he was to have returned to school, and on the 24th, being at the same place where he was staying, in consequence of some representations made by the matron of the house he was in, I requested a very experienced and conscientious medical gentleman to inspect him and report to me his condition. Having done so, he told me he was actually peeling, and, of course, in an infectious state, and he confined him to the house, and forbad my daughter or myself to come in contact with him. Having communicated this to the head-master as an excuse for his not returning to school, he replied that he wished for my medical man's name, as he, not unnaturally, wished for his own sake to know the facts of the case.

You would much oblige me if you would publish the three letters which have passed between these medical gentlemen, of course omitting names and addresses, as I should be glad to learn from the general opinion of the faculty whether under any circumstances a person could be pronounced safe from disseminating scarlet fever infection three weeks after first being attacked, and more especially when no desquamation of the cuticle had taken place, before he was pronounced to be safe; and whether Mr. W—— had any justification for saying that the undoubted desquamation which took place six weeks after the boy was first attacked "was not the result of the scarlatina for which he had been under treatment." I enclose my name and address for your private satisfaction, and I remain, Sir, your obedient servant,

Feb. 5th, 1881. ENQUIRER.

[COPY.]

DEAR SIR,—Six weeks ago a pupil at —— College, of the name of ——, showed symptoms of scarlatina. The usual precautions were taken by me as medical officer of the college, and in due time the boy was permitted to return home after thorough disinfection. Having been informed that you have seen the lad within the last few days, and that you pronounce him to be still in an infectious state, I write to ask you if such is really stated by you, or whether, as I believe, there is not some misunderstanding respecting your opinion.

I am, dear Sir, yours very faithfully,

January 29th, 1881. ——.

DEAR SIR,—On the 24th of January I was requested by Mr. —— to call and see his son, who was said to be showing symptoms of desquamation. I had not seen him previously, and finding that such was undoubtedly the case, I recommended that he should be isolated, as well as kept indoors during the cold weather which has been prevalent.

I am, dear Sir, yours faithfully,

February 1st, 1881. ——.

DEAR SIR,—Thanks for your letter respecting young ——. I must be allowed to say, however, that when the lad left here, after three weeks' isolation (which began six weeks before you saw him), there were no signs whatever of desquamation of the cuticle. I must, therefore, give it as my opinion that, whatever may be visible now is not the result of the scarlatina for which he was under treatment here. I repeat that there was an entire absence of "fever" in the case—indeed, so mild was it that it was only owing to the great vigilance of our matron that it was brought under notice. The boy never suffered in the least, and it was with much difficulty I could detect any eruption.

I remain, dear Sir, yours faithfully,

February 2nd, 1881. ——.

EXPOSURE OF PERSONS SUFFERING FROM INFECTIOUS DISORDERS.

WE take the following from the *Local Government Chronicle*:—

"'Subscriber' writes:—'A domestic servant, aged fifteen, convalescent from scarlatina, but still in the infectious stage (as can be proved by two medical men who saw her after her arrival home), is sent a journey of over fifty miles by rail. Her removal was sanctioned by her employer's medical man, who had attended the girl. She was sent by her mistress, in charge of her mother, who was willing to take her. Will you advise your opinion—1. Was the exposure "wilful," after the medical man in attendance had sanctioned her removal as "safe"? 2. By whom should proceedings be instituted—the sanitary authority in whose district the station from which she started is situated, or that of the district to which she came; or by the railway company? 3. Against whom should proceedings be taken?'

"*Answer.*—We do not consider that in such a case a conviction under section 126 of the Public Health Act could or should be obtained. The case contemplated by that section is that of a person who, whilst knowing that he is suffering from a disease which is dangerous and infectious, exposes himself without proper precautions against spreading the disorder. Upon whom was the person, in the case referred to, to rely as to whether she could properly expose herself during the journey, if it was not the medical man who attended her during her illness? We can see no reason why the patient or any other person should be prosecuted for acting in good faith on the view of the medical man that her removal was 'safe,' which would necessarily mean, having regard to the disease from which she had been suffering, safe as regards the public as well as herself."

"BOOTS."

To the Editor of THE LANCET.

SIR,—In a very useful annotation on the subject headed "Boots" you call attention to the necessity of specially protecting the feet from the inclemency of the late severe weather, and recommend not only that boots should be of superior make and finish, but urge that the soles should be protected by hobnails and the uppers by dubbing. To a vast majority the former would be inapplicable, to few less so than to medical men, who would find hobnails, as a rule, very inconvenient, but who have often to sit for hours in a cold room after having trudged through the inclement weather; and it is because you are either unaware or have overlooked the claims of one material well adapted to meet the views you advocate that I call your attention to the fact, that, in my opinion at least, for such a purpose nothing answers all purposes better than vulcanite. This material I used for upwards of twelve months, and am doing so still, and can speak most highly as to its protective qualities. It is light and elastic, and wears better than leather. It was first introduced in the shape of a complete sole, but after being patented was found difficult to attach it to an upper, in consequence of which the patentee failed, when the stock was bought up by a few firms, one of whom was Saunders of Eastbourne, who used the material to clamp the soles of boots with, and as such I have used them for the period specified. If its merits were advocated it could be made to cover the whole sole, instep, &c., by having a thin part to cover the instep and heel; over the latter part a leather heel could be fastened, and this would keep it entirely in its place. Nothing is more pleasant to walk on, and it makes very little noise in going up an uncarpeted stair. As to dubbing, nothing answers better as protection to uppers than a composition of linseed oil, Barbadoes tar, and beeswax, well rubbed in over-night. It not only protects the uppers against the absorption of damp, as well as preserves the stitches when well rubbed into the seams, but is effective even in protecting from sea water. Having for many years spent my holiday in the hobby of marine zoology, I had one pair of boots for many years which for a month yearly were daily immersed in the sea water, and for which I used the above preparation. At last they came to grief by fire, not water. Pray consider the claim of vulcanite, &c., and endeavour to procure us another supply. It is a great boon to country doctors.

I am, Sir, yours obediently,
Feb. 2nd, 1881. GEO. MUNDIE.

To the Editor of THE LANCET.

SIR,—Allow me to supplement your very seasonable and sensible remarks on "Boots" by a hint how to make the "absorbent sole" non-absorbent. Having worn a new or newly-soled pair of boots for a few days to wear off the smooth surface of the leather, let them be perfectly dried, and every particle of dirt removed. Then with a small brush paint the sole and round the edges and seams with a good coating of common oak varnish; place them before a fire for a few minutes until the varnish dries in; repeat the process until the leather will absorb no more, and in a few hours they will be ready for wear.

If any of your readers will try the above plan they will be amply repaid for the very little trouble and expense. The soles will wear nearly as long again, and will not become soft or spongy, however long they may be worn, in snow or mud. I am, Sir, yours faithfully,
Feb. 4th, 1881. J. B.

Mr. R. F. Stockdale (Baltimore).—We do not prescribe.

Medicus.—The phenomenon is a common one in cases of partial loss of sexual power, and probably depends on the increased action of the spinal reflex centres during sleep, which are only weakened, not "destroyed." It has no diagnostic or prognostic significance.

D. F.—Any qualified medical practitioner would advise in the case.

BACTERIA IN THE CHOROID.

To the Editor of THE LANCET.

SIR,—This interesting discovery, which forms the subject of an annotation in your issue of 29th ult., lends support, and is my excuse for referring to an observation and suggested explanation which I submitted to your readers in a short note on "Muscæ Volitantes" (THE LANCET, May 4th, 1878). After some remarks on "the familiar riband-and-medallion-like form," I invited attention to "a distinct variety of muscæ suggestive of the presence of animalcules in the fluids of the eye, which I become conscious of when gazing steadily at a moderately bright patch of blue sky or homogeneous grey cloud. It consists of numerous minute shining points in unceasing chorale movement." I would now add that my eyesight has always been of the best; that I can at any time see these muscæ under favourable conditions of light, which must be daylight, and not such as to induce any sense of retinal fatigue, and that the character of their movements has confirmed me in my belief that they are microscopic organisms inhabiting the vitreous humour.

I do not grudge them the use of my globes, but trust none of their congeners will invade my cochleæ and semicircular canals, for though an admirer of the dance, I am no lover of dance-music.

I am, Sir, your obedient servant,
Islington, Feb. 6th, 1881. WM. MCLAURIN.

A Junior.—Announcement is only proper in the case of a provident dispensary, duly organised, and managed by a committee. The rules of the Northampton Dispensary are perhaps the best.

Mr. Jas. Wm. Smith (Doncaster).—Yes.

Inquirens.—The use of the title on such qualifications is misleading and indefensible.

FOREIGN BODY IN THE INTESTINES.

To the Editor of THE LANCET.

SIR,—The following case may prove of some professional interest:—W. G——, a soldier's son, aged ten years, had a fall last September, and in the effort to recover himself swallowed a pin which he happened to have in his mouth. He appears to have forgotten the circumstance soon afterwards, and continued in good health until the 23rd of January following, when he came under treatment for slight tenesmus and pain on defecation, symptoms which were relieved by a dose of castor oil. On the 27th he thought he felt a bone in the lower bowel, and an examination then revealed a sharp-pointed black pin, about 1¼ inch long, which had passed through the rectum, and was piercing the skin half an inch to the right of the anus.

Two days after the removal of the pin the parts were healed and the lad well—in fact, with the exception of the slight symptoms above mentioned, he suffered no apparent inconvenience from the four months' passage of the pin through his alimentary canal.

I am, Sir, yours truly,
Davonport, Feb. 4th, 1881. HENRY O'BRIEN, M.B.,
Surgeon-Major, A.M.D.

"MULTIPLE LIVER ABSCESS IN CONNEXION WITH DYSENTERY."

To the Editor of THE LANCET.

SIR,—In THE LANCET of January 8th, 1881, an interesting case of multiple liver abscess is communicated by Dr. Henderson of Shanghai. He concludes his instructive remarks by saying that he believes that Dr. Macleod and himself were the first to apply antiseptic precautions to the surgical treatment of liver abscess.

In the *Practitioner* for October, 1876, will be found a record of the antiseptic treatment of liver abscess, which Dr. Henderson has evidently not seen. I believe the date to be correct, but cannot verify it, as I am at present travelling in the south of Spain. At the same time I do not think that the matter of priority in this operation is of much importance, seeing that we are only humble travellers in the path pointed out to us by Prof. Lister.

I am, Sir, your obedient servant,
J. DICKSON HUNTER, M.D. Edin.
Malaga, Spain, Feb. 2nd, 1881.

"FOREIGN BODY IN THE EAR."

To the Editor of THE LANCET.

SIR,—Dr. White's cockroach in the ear reminds me of a child's ear stuffed with maggots, brought to me in my practice in Australia. Probe or forceps were no use, as they eluded the grasp, so I merely dropped into the ear a little spirits of turpentine, when the vermin wriggled out as fast as their contortions would enable them. They swim comfortably in prussic acid, but a drop of chloroform kills them immediately. I am, Sir, yours truly,
Feb. 5th, 1881. ALMER.

Dr. Francis E. Carey.—We could not go into details without having the other side of the question before us. There are ample rules, written and unwritten, for the guidance of partners and other medical men.

Dr. Wynn Williams' paper will be published in an early number.

Mr. H. J. Jones.—We must decline to take part in the discussion.

Appetitus rationi parent.—We cannot say that a public appointment should be so regarded.

CHLORAL IN LABOUR.

A Subscriber, M.D., desires to be informed of the way and doses of giving hydrate of chloral in labour.

W. B. Rout, M.B., M.S.—The announcement appeared in THE LANCET of Jan. 29th.

Mr. B. Bell may refer to THE LANCET of June 7th, 1879, for information on the point.

TRACTION IN JOINT DISEASE.

To the Editor of THE LANCET.

SIR,—If you think the following case, from its apparent rare occurrence and its other surroundings, worthy a place in your columns, it is at your service:—

In 1878 a young gentleman (then in his fifteenth year) came home from school for his Midsummer holidays with a slight lameness referred to the right leg. The opinion and advice of one of the most eminent consulting surgeons in the metropolis were promptly sought, and the case was pronounced by him to be "scrofulous disease of the hip-joint." The prognosis unfavourable. The treatment recommended was perfect rest and a weight of seven pounds appended to the ankle by means of a cord passing over a pulley attached to the foot of the bed. It is not necessary I should enter into details concerning the progress of the disease from the above date to the present further than that it promises to end as favourably as could be hoped, with a shortening of the limb to the extent of little less than two inches. About two months ago, however, I discovered (quite by accident) that there was free motion in the upper part of the tibia, just below the knee-joint, and on a more close examination I discovered that it arose from a separation of the tibia from its epiphysis. Under the circumstances the first and most important thing to do, as it occurred to me, was to remove the weight, which obviously appeared to me to have been the sole cause of the mischief, and to treat the case in other respects as one of common or simple fracture. But from the uncertainty as to the length of time this condition might have existed, I felt doubtful as to the issue, and hence thought that, in addition to the other means adopted, it might be advisable to apply friction to the separated parts. This, however, in view of the patient's diathesis, I did not think proper or prudent to adopt on my own responsibility, and, with the sanction of the father, I went to London, and reported the complication to the same eminent gentleman who had been consulted before. On my stating the case to him, he appeared somewhat astonished, and, as it seemed to me, incredulous as to the possibility of such an event taking place, except, as he added, from disease or injury, and said emphatically that in a practice of forty years, "he had never seen such a case, that he had never heard of such a case, nor had he ever read of such a case." He also denied as emphatically that the action of the weight could have had anything to do in the case. From this, however, with due deference to so high an authority, I must beg leave to differ, and for the following reasons:—First, then, it appears obvious to me that the almost continuous traction exercised by such an appendage to the leg must (in a constitution such as the patient's) sooner or later have the effect of elongating the lateral ligaments of the knee-joint, and hence it would follow either that the bones constituting the joint must be separated or the tibia from the epiphysis. So far I grant that the former would be the more likely to happen, but the strong anterior crucial ligament within the joint already in a state of tension from the extended position of the limb would at once be in the best condition to offer resistance to a separation at the joint. It is evident, then, if anything yielded to the traction, it must be the union between the epiphysis and the tibia, as it did in this case unquestionably. The very rare occurrence of such a case, as exemplified in the remarks of the gentleman to whom I have alluded, gives it some interest, and must be my excuse for troubling you with it. In conclusion, I am rejoiced to be able to report that union has taken place between the separated parts, and that all is going on well.

I am, Sir, yours faithfully,

Jan. 1881. M.R.C.S., &c.

STOCKWELL SMALL-POX HOSPITAL.

THE statement respecting the spread of contagion from this hospital, referred to in THE LANCET of the 29th ult., was made in the course of the trial of the Hampstead Hospital case before Baron Pollock.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Byrom Bramwell, Edinburgh; Professor Longmore, Netley; Mr. O. Orton; Mr. Redmond, Gateshead; Dr. M. Duncan, London; Dr. Playfair, London; Dr. Duffey, Dublin; Mr. Judge, London; Dr. Macnaughton Jones, Cork; Mr. W. H. Smith, Birmingham; Dr. Lownds, Egham; Dr. Fentem, Bakewell; Dr. Morris, Cabul; Dr. Sweeting, London; Messrs. Worth and Co.; Mr. Stockdale, Baltimore; Dr. B. Fenwick, London; Dr. Mundie, Heesle; Dr. Dunkley, Balham; Mr. Karkeek, Torquay; Mr. Soper, London; Mr. McLaurin, London; Mr. Sutton, Sittingbourne; Mr. J. Williams, Brentford; Mr. J. Startin, London; Dr. Carey, Guernsey; Mr. Hill, Tottenham; Surgeon-Major H. O'Brien, Devonport; Mr. H. I. Jones, Scranton, Pa.; Dr. Hunter, Malaga; Mr. Berry, Wigan; Mr. Jalland, York; Mr. J. W. Dryland, Kettering; Dr. Gutteridge, Maldon; Mr. Doherty, Birmingham; Dr. Shears, Isleworth; Mr. H. White, London; Messrs. Street and Co., London; Mr. H. C. Fox, London; Mr. Jackson, Somerby, Datcham; Mr. H. Knowles, Leeds; Mr. E. Vitali; Dr. Newcombe, Gateshead; Mr. A. E. Chitty; Dr. Hawkes, St. Faith's; Dr. Beckett, London; Mr. H. A. Allbutt, Leeds; Mr. H. Smith, London; M. Lœflund, Stuttgart; Dr. W. S. Thompson, Peterborough; Messrs. Baildon and Son, Edinburgh; Mr. Davas, Liverpool; Mr. Fitchett, Edinburgh; Messrs. Douglas and Mason; Messrs. Harvey and Reynolds, Leeds; Mr. Jesse, Macclesfield; Mrs. Jackson, Sheffield; Mrs. Theobald, Leicester; Dr. McLeon, Broughton-in-Furness; Mr. G. B. Thomas, London; Mr. Harrison, Liverpool; Mr. Smith, Brighton; Mr. De Fraine, Aylesbury; Professor Lister, London; Mr. Easty, London; Dr. Reid, Newbiggin-by-Sea; Dr. Smart, Edinburgh; Dr. Hughlings Jackson, London; Mr. H. D. Jencken, London; Mr. Smoothy; Mr. Lithgow, Wisbech; Mr. Kemp, London; Mr. Malcolm Morris; Mr. Ilderton; Viator; M.D.; L.R.C.S.I.; Sanitary; A Junior; An Old Subscriber; M.D., Oxon; Inquirens; Medicus; A Constant Reader; Rector; Medicus; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Neale, Hampstead; Messrs. A. and C. Black, Edinburgh; Mrs. Chapman, Clapham; Dr. Hunter, Linlithgow; Dr. Gowers, London; Miss Cobb, Pendlebury; Mr. Wheeler, Manchester; Mr. Willey, Birmingham; Mr. Sutcliffe, Burnley; Mr. Johnston, Sheffield; Dr. Kirkman, St. Leonards-on-Sea; Mr. Crowther, Tasmania; Mr. Wood, Barnsley; Messrs. Portens and Co., Glasgow; Mr. Leaver, Stratford-on-Avon; Mr. Glover, Shrewsbury; Mr. Jeffries, Chesterfield; Mr. Bullock, Warwick; Mr. Smith, Leeds; Mr. Ernst, London; Messrs. Chapman, Clapham; Mr. Ellis, Derby; Dr. Mulligan, Worksworth; Mr. Wall, Wigan; Mr. F. H. Windermere; Mr. Kemp, Castleford; Mr. Roberts, Alfreton; Dr. Fraser, Clitheroe; Mr. Cornish, Manchester; Mr. Cox, Winchcombe; Messrs. Maclachlan and Co., Edinburgh; Mr. Marsh, Hammersmith; Dr. Woakes, London; Mrs. Cavanagh, Coventry; Dr. Fagge, Lutterworth; Messrs. Callard, London; Mr. Anneson, Newcastle-on-Tyne; H. A. S., Reigate; Anthropon; M.R.C.S.; Caustic; Commander Blount, Chelsea; Alpha, Blackburn; Alpha, Chesterfield; B.A.; B., East India-road; Medicus, Castle Donnington; Medicus, Worksworth; Medicus, Leicester; Medicus, Brighton; M.D.; W. R. R., Birmingham; L. N. D.; Medicus, London; Theta; F. G. H. L.; M. O. H.; E. B., Leeds; D. W.; Medicus, Sowerby-bridge; Y.; &c., &c.

Poole and Bournemouth Herald, Animal World, Edinburgh Courant, Carlisle Journal, Grantham Journal, Middlesex County Times, Civil and Military Gazette, Peak Downs Telegram, &c., have been received.

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Tables of Contents, with the Index of Advertisements, for each Number can be had on application to the Publisher.

Agent for the Advertising Department in France—J. ASTIER, 67, Rue Caumartin, Paris.